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MEDICAL SCIENCE AND CRIMINAL JUSTICE

By HERMAN M. ADLER, M.D.

PART V
OF THE CLEVELAND FOUNDATION SURVEY OF
CRIMINAL JUSTICE IN CLEVELAND

Price 50 Cents

MEDICAL SCIENCE AND CRIMINAL JUSTICE

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MEDICAL SCIENCE AND CRIMINAL JUSTICE

BY

HERMAN M. ADLER, M.D.

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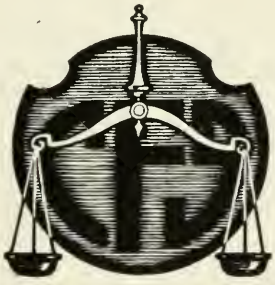

PART V

OF THE CLEVELAND FOUNDATION SURVEY OF

CRIMINAL JUSTICE IN CLEVELAND

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FOREWORD

THIS is one of eight sections of the report of the Cleveland Foundation Survey of Criminal Justice in Cleveland. The survey was directed and the reports edited by Roscoe Pound and Felix Frankfurter. Sections which have been published are:

The Criminal Courts, by Reginald Heber Smith and Herbert B. Ehrmann

Prosecution, by Alfred Bettman

Other sections to be published are:

Police, by Raymond Fosdick

Penal Treatment and Correctional Institutions, by Burdette G. Lewis

Newspapers and Criminal Justice, by M. K. Wisehart

Legal Education in Cleveland, by Albert M. Kales

Criminal Justice in the American City, a Summary, by Roscoe Pound

The sections are being published first in separate form, each bound in paper. About November 1 the report will be available in a single volume, cloth bound. Orders for separate sections or the bound volume may be left with book-stores or with the Cleveland Foundation, 1202 Swetland Building.

PREFATORY NOTE

THIS section of the Cleveland Foundation Survey of Criminal Justice which deals with Medical Science and Criminal Justice was designed by Dean Pound primarily to answer the question, "How far are modern methods of psychological and psychopathic investigation and treatment made use of or available in Cleveland?"

While the original conception of Dean Pound has been kept practically intact, the scope of the inquiry has been slightly enlarged so as to include not only the mental phases of medical relations, but all questions of health which had any direct relation to the administration of justice. This was necessitated partly by the fact that one very important chapter in the inquiry, namely, the office of coroner, had little, if any, primary connection with psychology or psychiatry, but, above all, by the fact that, once the survey was under way, it appeared that medical relations must be interpreted in the broadest possible way in order to comply with the program outlined by Dean Pound.

In the collection of data and in making special investigations thanks are due to Maurice R. Davie, of the Department of Sociology of Yale University, for his valuable contribution; to Miss Helen Chew, of the staff of the Cleveland Foundation, for assistance both in the collection of information and in the planning and execution of the report; to E. K. Wickman, Psychologist in the Division of the Criminologist of Illinois, for his work in connection with the intelligence survey of the Cleveland police force and the Cleveland House of Correction; to C. E. Gehlke, Leonard V. Harrison, and all the members of the Survey staff for much help for which specific acknowledgment is impossible.

The work of this section complements in some measure that of the section on Penal Treatment and Correctional Institutions, and the author has had the coöperation of its director, Commissioner Burdette G. Lewis, of New Jersey, to whom he is deeply indebted for assistance and advice.

To the Medical Sub-committee of the Advisory Committee, the author wishes to express appreciation for kindly support and helpful suggestions. To Chairman H. L. Sanford and Dr. Howard Karsner the author is especially indebted for information and assistance in dealing with the subject of the coroner's office.

The author is glad to acknowledge here his indebtedness to two previous surveys conducted in Cleveland, and especially his personal debt to Colonel Leonard P. Ayres, who directed the Cleveland Foundation Educational Survey, and Dr. T. W. Salmon, of the National Committee for Mental Hygiene, who directed the Mental Hygiene Section of the Cleveland Hospital and Health Survey, for assistance and information without which this section of the present survey could not have been written.

HERMAN M. ADLER, M.D.

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MEDICAL SCIENCE AND CRIMINAL JUSTICE

CHAPTER I

PSYCHIATRY AND CRIME

CLEVELAND, like many other communities, is beginning to recognize the medical and more especially the psychiatric aspects of delinquency and crime, though as yet this recognition is confined to a relatively small part of the community, even of the official community. Some provision has already been made for psychiatric service, but only in more or less isolated centers which are not as yet correlated, and which, therefore, fail to give comprehensive attention to the entire field. The immediate problem, therefore, is to determine upon a policy which will utilize all the existing elements and yet insure expansion and development.

Specialists in the different fields of delinquency, dependency, and criminality are fully awake to the problem; there is even some general public interest in the subject as a result of the publicity given to it during the war. In Cleveland this is especially true, because the education and health surveys have dealt with the question, each from its particular angle.

Nevertheless, from the special point of view of the administration of criminal justice much more must be done to remove the general belief that delinquency and crime are entirely under the volitional control of the individual. The result of this attitude has been to make the treatment applied in each case dependent in a large measure on the degree of anger or annoyance to which the community has been aroused. Vindictive and punitive treatment, even though exercised by a group, loses little of the personal element. The community says to the delinquent: "You could behave yourself if you wanted to. If you break the laws, it is because you intended to, and therefore we are going to get even with you." The delinquent says to the community: "You do not need to be so rough with me, because it is in your power to be more lenient. If you

are rough, it is because you want to be unfair to me, and therefore I have a perfect right to hit back if I can."

There was a time when medicine was practised on much the same basis, and even when chemistry was regarded from this point of view. All the ailments of the human body were believed to be the machinations of evil spirits. The reactions of chemical substances in the retort were thought to be presided over by good and evil spirits. The scientific attitude which has removed these personal elements in the fields of pure science and of medicine is capable of doing the same in criminology. The introduction of exact methods in medicine has never interfered with the highest effectiveness of personality and character in the application of the science to the individual sufferer. In the same way the introduction of knowledge into the field of delinquency does not diminish the value of personal skill and of the so-called "human element" in its application to the administration of justice.

When the public becomes convinced that there are in the community specially trained persons who understand delinquency and are able to evaluate the various factors in a case of behavior difficulty, the result will be like that already witnessed in the field of public health. Few persons today have to be coerced to be protected against disease or to be treated when they are ill. Our dispensaries and hospitals clearly testify to that fact. When the public has learned to regard behavior difficulties, delinquency, and crime as manifestations of mental difficulties requiring treatment, just as physical ailments do, and provides institutions and officers to deal with these troubles as mental disease, rather than from the point of view of punitive justice, we shall be able to record advances as notable as those of the public health movement. And just as public health machinery has made large cities and small country villages *healthy* places in which to live, so this new public mental health movement will make our communities *safe* and *sane* places in which to live.

CHAPTER II

JUVENILE BEHAVIOR PROBLEMS

The Need for Mental Health Stations

THERE is probably no one who has not passed through difficulties during childhood. Indeed, the great majority believe they have been saved from becoming delinquent by some fortuitous circumstance, by the strict discipline of their parents, by the friendly offices of others, or perhaps that they were not saved but have in some way merely outgrown delinquency or "gotten by" in other ways. To those who look back from a secure position in society upon an adventurous and unlucky childhood or youth, it must appear that every individual has been, at one time or another, more or less delinquent. "There, but for the grace of God, goes John Bunyan," expresses their unconscious feeling when they consider criminality. Whatever truth there may be in this, it does not adequately explain the phenomenon of delinquency in its serious forms to one who differentiates between the significance of a single act and a series of reactions as disclosed by a study of the career of a delinquent individual. Regarded with the objectivity of the behaviorist, acts which may appear to be identical are found to have an entirely different significance. This is a point of view which the law—the emphasis of which is on the crime rather than on the criminal—does not, as yet, sufficiently recognize, though the law, to be sure, does recognize two groups of offenders needing special treatment—the irresponsible and the juvenile.

In dealing with adult criminals, a finding of feeble-mindedness or of insanity seems to some like condoning the crime, while to others that decision is merely the pronouncement of what they believe to be a well-established truth, namely, that all criminals are *ipso facto* insane or feeble-minded. However, all the partisanship and bitter feeling often aroused in cases of serious adult criminality are either absent or in abeyance in the case of juvenile delinquents. The entire development of the Juvenile Courts rests on the willingness of the community to believe that the child is not accountable for his misconduct in the same sense as the adult.

From the point of view of the behaviorist, one cannot hazard any

generalizations as to the causation of delinquency, but must make each case the subject of independent study. These considerations, pushed a little further, make us realize that similarity of behavior between youthful individuals does not imply identical causes, and therefore does not demand identical treatment. Perhaps nothing will help this point of view to gain general recognition so much as the introduction of facilities for consultation with mental and behavior experts, of which the general public may avail itself.

Parents, teachers, even children themselves, may be taught to consult the mental health station about their private affairs without fear of hostile criticism or condemnation, confident that though the experts may not be able to solve their problems, they will at least give non-partisan counsel. There will be no question whether the expert is for or against them any more than in the case of the hospital physician. The question will be merely what is the matter and what can be done.

In this work all the agencies of the community should assist. The public health system, especially with its public health nurses reaching into the homes, should direct cases suited to the mental health station. All the welfare agencies, through their social service, should daily discover cases requiring the assistance of a mental health officer. The police could easily be instructed in the nature of the cases that should be directed to the public health stations.

All of this field work, however, depends upon the existence of properly equipped mental health stations as bases. These stations, as a rule, so far as they exist in Cleveland and other communities, resemble dispensaries more than hospitals. This out-patient service, if properly conducted and enlarged, will take care of a large percentage of the cases. There are certain cases, however, which either for diagnosis or for temporary or preliminary treatment, require something more than out-patient treatment. For these, observation or temporary care stations should be provided.

The present plans in Cleveland include a psychopathic hospital as part of the city hospital, and ultimately a psychiatric institute in connection with Lakeside or Fairview Hospitals. The psychopathic hospital will take care of certain cases of juvenile delinquency in which the psychotic and psychopathic factors predominate. It is not likely, however, that such institutions will be able to care for a large number of behavior cases which require observation, but in which, nevertheless, the psychotic factor is either of minor importance or absent altogether.

In order to meet the requirements of the situation the Boys' School and the Detention Home would either have to be converted into behavior

observation clinics with assistants and staff suitably trained in psychiatry; or, if they are to be retained as custodial or educational institutions, a new type of institution would have to be provided. The Bureau for Juvenile Research at Columbus, which is a link in the institutional chain, might serve in certain respects as a model for a local institute. The chief defect of the bureau, as was emphasized by Dr. Thomas W. Salmon in the health survey, is that it deals with cases only after they have been committed.

What is needed, then, in addition to the psychopathic hospital at Cleveland and the Bureau for Juvenile Research at Columbus, is a Children's Institute at Cleveland, either as a branch of the Columbus bureau or of the psychopathic hospital, or an independent unit affiliated and coördinated with the Juvenile Court, the Department of Education, the psychopathic hospital, and the University. It is preferable to keep such an institute distinct from the psychopathic hospital because the emphasis on mental disease has a deterrent effect upon the public, and also because the work of such an institute is sufficiently important to merit exclusive attention.

With some such provision the city of Cleveland would be able to deal effectively with the general problem of "criminal behavior" by attacking the problem at its source—in childhood. The saving in human careers, quite aside from the effect upon the safety of life and property, would more than repay the community for the relatively small expenditure involved.

The Juvenile Behavior Problem in the Schools

Speaking solely from the point of view of the relation of mental studies to delinquency, the Cleveland schools are now very inadequately equipped to deal with behavior difficulties and the educational treatment of such cases. The facts which compel this conclusion have already been indicated by Dr. Salmon in Part VI of the health survey.

The Department of Education, as in all our larger cities, has provided special classes for children with retarded or low intelligence. The Boys' School might be considered a special class for behavior difficulties in boys. Educational and vocational questions are considered in practically all cases of juvenile delinquency, especially at the Boys' School, and the physical condition also is carefully considered by the school physicians. But all this is done in a more or less uncorrelated way. The physician works from too narrow a point of view. To him a boy who is a ward of the court on account of delinquency, if he has any physical defect or ailment, is exactly the same as any other case suffering from the same

physical troubles. The intelligence rating, as well as the educational and vocational tests, are made in the same way. What is entirely lacking is the *interpretation of the behavior difficulties*, and for this the social factors, which are fully as important as the physical or intellectual factors, must be studied. A careful analysis, not only of the environmental conditions under which the child is living, but also of his antecedents, his inheritance, and his social past, must be made. So far as this is done at all in Cleveland it is done by the overworked and understaffed Probation Department of the Juvenile Court and by the Boys' School.

From this point of view it is obvious that the community must assume an entirely different attitude toward its correctional and reformatory institutions. When it comes to treating juvenile behavior problems, we have an even blinder faith in the curative effects of punishment than have the criminal courts themselves. We erect buildings in which we gather the children who have had trouble at home or in school, or in the streets and parks of our cities, and by the application of what is commonly referred to as "strict discipline," we propose to relieve them and ourselves of their difficulties.

The officials who preside over these institutions are usually as ill equipped for constructive and scientific work as the domestics and window-washers of a hospital to carry out medical and surgical measures of relief. It would never occur to any one, in these days of modern medicine, to entrust a ward full of sick persons to the professional care of a cook, and yet that is what we do over and over again in our correctional and reformatory institutions. When we examine their provisions for grappling with this sort of work, is there a single institution in this country which has provided for its wards the same grade of personnel, the same training and expertness, that we find in a good general hospital?

Recommendations

1. A Division of Mental Health should be created in the Department of Education.

2. This division should be either coördinated with the division dealing with physical health, or be kept distinct from it so that mental health shall be given independent importance and authority.

3. The Mental Health Division should include the present psychologic clinics.

4. The mental health work should be closely coördinated with the Division of Special Education, or even merged with it, provided the mental health work does not thereby suffer partial or total eclipse.

5. The mental health staff should be under the direction of a competent psychiatrist.

6. The director and staff of the Mental Health Division should devote full time to the work.

7. A sufficiently large and comprehensive staff should be provided to assure that the work is performed in a satisfactory manner.

8. The Division of Mental Health should coöperate with the Juvenile Court, the Detention Home, the Welfare Federation, and the Department of Public Welfare, and all such public or private agencies as deal with problems of child welfare.

The Juvenile Behavior Problem in the Courts

The Juvenile Court is practically dependent upon the city health department and coöperating private organizations for the physical welfare of the children passing through the court, and largely on the Department of Education for mental tests. There are no regularly appointed medical or mental examiners attached to the court.

In regard to physical health, only children committed to the Detention Home or the Boys' School are examined. A physician and a nurse serve on part time in connection with these two institutions. There is a full-time dentist. In addition, the court often sends cases to hospitals, namely, the city hospital, Fairview Hospital, and Lakeside Hospital. The Humane Society furnishes the services of a physician for occasional cases. Judge George S. Addams, the Juvenile Court judge, hopes to have a nurse on duty at the court who will give a preliminary examination to all children, whether committed or not, as they pass through, and also a physician to examine all cases in the court every day. At present there is no money to permit such an arrangement.

The mental examinations connected with the Juvenile Court consist almost entirely of mental tests. These are applied under the direction of Dr. Bertha L. Luckey, the chief psychologist of the Board of Education. Dr. Luckey and her assistants examine especially children who have turned out to be problem cases in the special schools. Boys sent to the Boys' School by the court are examined by Miss Claire E. Walters. Miss Walters has her office in a temporary building at the Boys' School. She also examines the girls and dependent boys at the Detention Home nearby. If, in the opinion of the psychologist, a case requires further study, it is referred to the Bureau of Juvenile Research at Columbus, or a psychiatrist may be called in to make a special examination. There is no psychiatrist on the staff of the court, the school board, or the Department of Health, so that, naturally, these special examinations are made

but rarely. As a result, the reports of examinations which come back to the judge are confined merely to a statement of the findings and only in the more serious cases of feeble-mindedness is a recommendation for commitment to the State institution risked by the examiner.

The Juvenile Court is officially without equipment for making medical and special mental examinations. Whatever is done is at the personal request of the judge. The results of the various examinations are reported to him, and frequently Miss Walters appears as a witness. Neither Miss Walters, Dr. Luckey, nor their assistants receive any extra compensation for this work. Other psychiatrists and medical examiners, if they appear as witnesses, receive ordinary witness fees.

In spite of all these handicaps the work is extremely well done, although necessarily limited by inadequacy of equipment. Judge Addams recognizes the value of the work, however, and is not only inclined to follow recommendations made, but strongly recommends an extension of this work. The relation between the judge and the special examiners is one of close coöperation on both sides. The relation of these examiners to the probation officers is less close, although through the influence of the judge and the chief probation officer the facts disclosed by examination are utilized by the latter in selected cases. Much, however, could be done to improve this part of the work. The same may be said of the relation between the special examiners and the officers of the Detention Home.

Recommendations

1. A mental and physical examination should be made of every child brought to the attention of the Juvenile Court, and careful records should be kept of the results of each examination.

2. The examinations should be made whenever it appears advisable to the examiners.

3. The present excellent coöperation between the Juvenile Court and the Department of Education should be extended so as to make available for both such facilities as each may be able to provide. This applies especially to the suggested creation of a Division of Mental Health in the Department of Education. Such a division might profitably, and with little increase of staff, contribute to the Juvenile Court much needed information in regard to the intelligence, mental qualities, and personality of each child under consideration by the court.

CHAPTER III

THE ADULT CRIMINAL

Progress of Mental Examination

A DISCUSSION of the medical relations bearing upon the adult criminal is a matter of few words, so far as the present practice in Cleveland is concerned. Except for the occasional perfectly obvious case, practically no use is made of medical and more especially mental treatment in dealing with adult offenders. The majority of citizens and officials no doubt believe, as a high prison official in another State said—"Of course, the out-and-out feeble-minded or insane prisoners need special attention, but surely the doctors have no interest in the *normal* prisoner." Does it not depend upon the attitude with which one approaches the question of treatment whether mental experts are to concern themselves solely with the end stages of mental disease or deficiency, or with the interpretation and treatment of *all* cases of behavior difficulties, assuming them to be in the main problems of mentality? The use of the word *normal* should be prohibited as misleading in the field of behavior difficulties.

Experience in some of our reformatories and penitentiaries has conclusively shown that the study of mentality yields information which no modern institution can neglect. One need merely refer to the well-known work at Sing Sing, Concord, Elmira, and Bedford Hills, not to mention the institutions of New Jersey, Michigan, and Illinois, and especially the United States Disciplinary Barracks at Fort Leavenworth, Kansas. The elaborate plans for a psychiatric clinic in the new prison at Sing Sing clearly indicate what the New York State officials think of this work as an adjunct of the penal system. And what has come more and more to be considered indispensable in an institution has proved itself of similar value to the courts. Mental examinations and personality studies are now insisted upon as a *sine qua non* in the work of practically all the Juvenile Courts of the country.

There is every indication that this work has so far established itself that criminal and police courts are also availing themselves of the advantages. Thus, the Municipal Courts of Chicago, Boston, Detroit, and

Baltimore have psychopathic clinics or laboratories to which are referred all doubtful cases. No city has as yet worked out a system by which all cases coming before the court are considered from the mental angle. When, as often in court work, selection is made by untrained persons, important cases are frequently overlooked. Routine sorting examination of all cases, with more intensive study of those shown by first examination to require further investigation, is the only safe way.

As long as the public regards this work as a mere frill or an expression of maudlin sympathy for the criminal, of course, it will not be encouraged. What the uninitiated do not realize is that work of this kind is a very matter-of-fact and practical step toward the better administration of the law, as well as real economy.

The Nature of Mental Examinations

Although in general the public has become familiar with the fact that mental examinations are made in many cases where there is no reason to suppose that insanity exists, there is a great deal of doubt in the minds of many as to the nature of the methods and the information they may be expected to yield. It may not, therefore, be amiss to give briefly the outlines of this work.

Mental examinations, as they are now made, may be divided into two main groups: The first, or psychometric method, sometimes called the psychological tests, consists in the application of certain standardized sets of tests with the object of determining the native mental ability, or, as it is called, the "intelligence" of the subject. Various forms of tests are now used, but practically all of them are based upon the work of the French scientist, Alfred Binet, who, together with his collaborator, Theodore Simon, published in the years 1905 to 1908 the first scale for the measurement of intelligence in children.

This scale is arranged in accordance with the idea that as a child grows older and his mentality develops he is able to perform more and more complicated acts and to carry out more and more complex intellectual processes; so that, if we arrange a series of tests, questions, and problems in the order of their difficulty and present them to a child, we may be able to infer his degree of development by the point in such a series beyond which he is unable to answer questions satisfactorily. The scale thus arranged by Binet has since been tried out on a large number of school children, and as a result of this experiment it has been possible to arrange the tests in groups of six for each year. Since publication, these tests have been used to such an extent as to indicate thoroughly the existing need of such measurement.

It soon developed that there were in the schools and elsewhere individuals who, on being subjected to these tests, failed more or less widely to come up to the grade corresponding to their actual age, and since the tests had originally been arranged for age groups, it was said that their chronological age or actual age was, let us say, twelve years, and the mental age as determined by the scale was, let us say, nine years.

As the tests have become more definitely standardized, and as new tests have been devised and come into use, the exact definiteness with which the mental ages were stated ten years ago has gradually become subject to modification. Thus, while in the case of school children of twelve or less it is reasonably satisfactory to express their deviation or subnormality in terms of years, it is not so clear when the method is applied to older persons. When applied to adolescents, and especially to adults, these methods have frequently given rise to incredulity on the part of many; an instance of such a case is when an individual of twenty-five years who is guilty of a felony, and perhaps has a wife and children, and in other respects appears to be mature, is said to have the mind of a child of nine years as determined by the mental tests.

The reason for this apparent discrepancy is the fact that the original Binet scale and its modifications and amplifications hold with considerable accuracy for children of twelve and less, because the innate intelligence reaches its full development at about the age of puberty. This statement is not true in an absolute sense, but for present purposes is sufficiently accurate. The development which goes on after the age of puberty, during the age of adolescence, and until full adolescent maturity is reached, is a growth in strength, power, and the *use* of the innate ability through acquired habits and experience.

As this is the period during which the greatest apparent progress is made, when the change from childhood to adult maturity is visibly going on, it is difficult at first glance to reconcile this fact with the previous statement in regard to the maturing of intelligence. A child of twelve or fourteen may have as much intelligence as an individual of twenty-five or thirty years, and yet the adult will far exceed the child in intellectual performance and ability. This is because the older person is able to use his intelligence much more effectively because his emotional control, equilibrium, and judgment are much greater than those of a child. Less difficulty would undoubtedly be experienced in this regard had we a measure of the development which takes place during the adolescent period corresponding to the one we now have for the mental development during childhood.

The psychometric tests, therefore, give us a fairly accurate statement

of the degree of intelligence of any individual. All inferences regarding the maturity of the individual in other respects, namely, emotional control, forbearance, responsibility, honesty, self-denial, respect for others, and the other attributes of personality which determine an individual's place in the social scale, can be determined only roughly. We can compare one individual with another in regard to his intelligence rating and can say with considerable precision by how much one excels another. For the period of adolescent development, no such exact measurement is possible, and we have to be content with a "more or less," "better or worse," standardization.

So striking have been the results achieved by means of the Binet-Simon tests that in the ten years since the first publication this type of measurement has become firmly established in schools, courts, and institutions, in fact, wherever child welfare is concerned.

Other scales have been devised which furnish the information in a somewhat different way, perhaps with greater precision than the original Binet scale. Aside from the first important modification of the scale, the so-called Stanford Revision, by Professor Terman, of the Leland Stanford University, there has been developed a point scale by Professor Yerkes, and a number of special tests, such as those of Dr. William Healy, Dr. Guy Fernald, Professor Whipple, and many others.

The problem of giving an intelligence rating to the soldiers of the draft army during the late war gave an impetus to another form of test which has been claiming attention in the schools, namely, that of the so-called "group tests." This method, based in general upon the same logic as the Binet tests, was so arranged that any one who can read and write may perform the test. The method consists in an instructor reading certain instructions to the group, who are equipped with pencils and test blanks, and who then carry out the instructions, answering questions and solving problems in accordance with printed statements, while the instructor keeps time. In this way as many as 1,000 men can be examined simultaneously.

The scores made on these tests, which are now usually referred to as the army tests, are expressed in figures: the highest possible score, for instance, was 212. The performance varied throughout the entire range from 0 to 212. In order to express the result in a usable form the score is divided into five groups, designated by the letters A to E as follows: A, very superior; B, superior; C, average; D, inferior; E, very inferior. It was found that so many men fell into the C or average group that it became necessary to divide this into two more groups, C plus and C minus, high average and low average respectively. The score necessary

for a commission was judged, as a rule, to be either A or B. The men of E intelligence included the feeble-minded, the defective, and, in the main, men not fitted for the army because of low mentality.

In evaluating the mental status of an individual who, for one reason or another, is a subject for examination, more than intelligence rating is required. This further information is obtained by means of certain mental examinations which have as their object the determination not so much of the qualitative mental ability as of the existence of diseased or abnormal functionings or reactions. We might visualize this by saying that in the intelligence field we are taking a measure, just as we might measure the height of an individual, and that the differences are differences in mental stature. In the second form of examination, namely, the psychiatric examination, we are looking not for differences in height, but for pathological processes comparable to disease processes in the field of physical health. This type of examination seeks to determine the existence or absence of certain symptoms of disease, and when found, to evaluate their significance and the severity of the condition. It yields information upon which may be based such diagnosis as mental disease or the less severe pathological conditions, sometimes called psychopathic personality.

The study of the mentality of an individual from the point of view of psychiatry requires something further, however, than merely testing the mind or the nervous system. One cannot dissect the living human being and deal with one portion only. One of the characteristics of a living organism is that every part is in relation with every other. Nowhere is this more important than in the pathology of the mind. Of late a great deal of attention has been paid to the influence on mentality of certain factors which lie outside the nervous system. The existence of physical disease elsewhere in the body, as, for instance, in the delirium of fever, various intoxications and auto-intoxications, the effect of digestive disturbances, and, above all, the more newly disclosed effects of various glands and organs, such as the thyroid and the sex glands, are examples of these factors. It will be clear, therefore, that the examination of mentality from this point of view cannot be conducted with the same apparent exactness as is often possible in the investigation of the mental age. It must also be clear that this type of investigation requires the application of all the medical knowledge available and must, therefore, be made by a medical man with special experience in this field.

There is another point which must be understood in order to appreciate why medical, especially psychiatric, knowledge must be applied in addition to the intelligence rating. As we have seen before, the intelli-

gence test is a matter of measuring mental stature. While these methods must be applied with the greatest care in order to be of any value and, therefore, require the services of a highly trained specialist, they nevertheless do not require any medical or pathological knowledge. In the elucidation of behavior difficulties we are confronted with a problem which is comparable less to an educational problem than to a problem of health. Even though our object is not to pin a label on the individual and find him either insane or feeble-minded, nevertheless we must arrive at a diagnosis of health by exclusion, for in no other way can a diagnosis be made. We cannot make a diagnosis of health or of sanity. We can only make a diagnosis of "no evidence of disease found." We can positively identify only the signs and symptoms of disease. In the absence of such we are justified in *assuming* that a person is healthy. It must be clear, therefore, that in making this sort of judgment upon the mentality of individuals and in elucidating the mental factors in behavior reactions a true knowledge of mental pathology is necessary in order to allow this judgment by exclusion.

The fact that psychiatrists are interesting themselves more and more in the behavior problems of the non-insane should not be interpreted as an indication that the psychiatrist is endeavoring to adjudge everybody insane. But, on the other hand, the commonly held fallacy that the psychiatrist has no interest in the problems of the non-insane or mentally healthy individual should be also dispelled.

Criminal Detection By the Police

1. Departmental Health Work

The only medical officer officially connected with the Division of Police is the police surgeon. Only one police surgeon is employed. The present surgeon, Dr. G. P. O'Malley, has held this office since December, 1920. The duties of the police surgeon are, first, physical examination of all applicants for appointment to the police force, and, second, care of sick and disabled members of the force. It will be seen from this that he is concerned only with the health of members of the force itself and not at all with medical or health problems connected with the work of the police.

Even in this restricted application the work of the police surgeon is not adequately provided for. There are too many men to be examined and the equipment provided is in many respects inadequate. During March, 1921, there were 800 men to be examined. Blood tests are not being made, although the police surgeon believes that such tests should be made in every case. Neither the physical examinations of applicants

to the force nor the examination of men representing themselves as sick can now be made in any but a superficial way.

The police surgeon has no office—merely a desk in the office at the central station. There is no room where men can undress, and as a result the examinations cannot satisfactorily be made. A change is contemplated in this respect, and new quarters are to be provided at the Eighth Precinct.

The present officer, Dr. O'Malley, offers the following criticisms and recommendations:

1. Better working facilities with complete equipment for making thorough examination and also for emergency treatment.

2. Medical and clerical assistance. The city should be redistricted and a police surgeon hired for each district. There should be two assistants hired immediately to enable the city to be divided into three districts.

3. A card index and records of all cases entered should be kept, and for this office space and help are required. There should be a system of records to show exactly the number of times each man reported sick and how much time he loses.

4. To obviate the possibility of malingering there should be a constant checking up of the records. These should also show whether or not a man is in such poor health that he is unable to perform active duty.

5. If an officer is sick too often, he should be called before a medical board and given a thorough examination, at which time his family physician should be present, if desired.

6. All cases of pension should be handled by such a board.

7. The police surgeon as well as the police officers should be entitled to pension. This is not the case at present.

Malingering in the police department seems to be somewhat of a problem from the point of view of health work. The men live scattered throughout the town and at times it is impossible for the surgeon to call upon all of them on the same day they report sick. Sometimes it is two days or more before the surgeon can see a case. The men are aware of this, and the surgeon believes they take advantage of the fact to take a day off. Dr. O'Malley believes that as much as 12 per cent. of the sickness might be designated as malingering, although he has no means of saying definitely, because no records other than the daily sick report have been kept.

2. Public Health Problems

For all health work outside the department itself, including general cases coming to the attention of the police and the examination of suspects and prisoners, the police depend upon the Division of Health.

The city is districted, and the Division of Health maintains district physicians. The police may call upon these in cases requiring medical attention. The district physicians are supposed to confine themselves to the care of the indigent sick in their homes and to protect the community from contagious disease. In actual practice the police call upon the district health offices in many cases other than those specifically mentioned.

The police, furthermore, are instructed to remove any arrested person who requires medical treatment to the nearest hospital, preferably the city hospital, and a police guard is furnished in case such a person is kept at the hospital. There is a special ward at the city hospital for such persons, in which windows are barred, doors locked, and a guard constantly in attendance.

The police, however, render assistance to the general public in health matters. Owing to the fact that the police are always available for call, people refer cases to them, especially emergency cases, which should properly be taken care of by private physicians. The police keep on file the names and addresses not only of the district physicians, but also of certain private physicians who have certified their willingness to take emergency cases. Vice cases are referred to the Public Venereal Disease Clinics and to the Woman's Protective Association. The Division of Health maintains a diagnostic clinic for venereal diseases at No. 64 Public Square and the Fairview Clinic for Social Diseases at 3305 Franklin Avenue, mainly for treatment. The diagnostic clinic, under the federal government during the war, was taken over by the city in September, 1919. The Fairview Clinic was started August 16, 1920. These clinics handle private as well as court cases. Under the general code all vice cases are to be referred for diagnosis at the discretion of the judge. There seems to be considerable laxity, however, in referring cases. Rape cases are occasionally handled at these clinics, although, as a rule, such cases are referred to the city hospital.

It appears, therefore, that the problems of health, either of the police force or of the general public, in so far as the latter comes in contact with the police and the courts, are provided for adequately—if not in practice, at least in theory. The further improvement of this service and the raising of the general level of its efficiency is a question of applying present knowledge and furthering development along well-established lines.

3. Examination of Suspects and Prisoners

There are certain other problems of medical relations, however, of growing importance in connection with crime detection which concern

the police and the crime-detecting agencies more than is commonly supposed.

The police have contacts with criminal and semi-criminal elements, which in many cases, if properly utilized, might result not only in better understanding of the general subject of crime, but actually in a more effective dealing with it. A patrolman on the beat can no longer adequately perform his full duty in a city such as Cleveland by merely representing in theory, and not in practice, the majesty of the law. To be the eyes of the law and of the community his powers of observation must be trained, so that he may be able to distinguish the significant from the adventitious.

This is not the place to discuss the details of police administration and police personnel. But it is relevant to consider here the equipment and skill necessary for individual police officers to secure the information needed to determine many important problems of the mentality and reliability of witnesses, and the relative honesty or dishonesty of witnesses, suspects, and prisoners. One cannot depend upon chance in this matter nor the haphazard school of experience. A very precise preparation must be made by the authorities to provide the necessary training. There seems to be no escape from the conclusion that the Division of Police should in some way be provided with the services of a specialist in mental science, particularly in its application to the problems of criminal behavior.

The work of the police surgeon in his professional supervision of the health of the police force; of the district health officers, in their relation to the physical health of the community in general, and of prisoners, suspects, and accidental cases in particular, should be strengthened by the introduction of three health officers—two to act as assistants to the present police surgeon in his routine work, and the third a specialist who should devote his time and energies to the mental aspects of the police department both within and without the force. Such a specialist would serve not only as an advisor in the department, but also as a teacher. Mental health work should really be a subdivision of the health department, and it is not unlikely that before long the health department of every large city will develop a special division for mental health.

The problems which present themselves for solution by mental science in connection with police work are:

First, the general problem of the existence of mental disease or mental defectiveness in persons under observation.

Second, the very important and broad problem of pathological personalities. In a great number of cases this seems to be one of the impor-

tant underlying factors in the interpretation of behavior disorders. A greater interest in these problems and a more intelligent application of the knowledge obtained in their scientific solution are essential if we are ever to reduce the seriousness of a large group of problem cases. In order to make clear the meaning of this one needs merely to refer to the relationship between the psychopathic personality and vagrancy, non-support, desertion, inebriety, drug addiction, and the types of delinquency in which sex difficulties are a decisive factor.

There are certain special relations in addition to these general ones in which mental science may be of assistance to the police. Two especially demand attention:

First, the general question of malingering, which is to some extent a factor within the police force and is of the utmost importance in relation to the analysis of individual delinquents and criminals. The value of a testimony, the reliability of a witness, the question whether an individual is shamming insanity, injury, or disability, may often be solved or at least determined by applying the rules of mental examination to the individuals under observation.

The second has to do with forced confessions or the so-called "third degree." A suspect is apprehended and many points of circumstantial evidence point to his being the criminal or at least implicated in a criminal affair. But the chain of evidence is by no means complete, and the suspect denies more or less successfully his guilt or complicity. Under such circumstances a confession, if gained, may be corroborated by evidence now easy to secure. Such a confession almost invariably simplifies the work of the police to such a degree that in many cases they are bent on securing a confession rather than objectively securing the available evidence.

It is not our wish here to discuss this method from the legal nor the police aspect. From the point of view of the scientist it is a clearly ineffectual and dangerous method. Not only is it apt to be misleading, but its chief fault is that it tends to accustom police officers to seek the easiest way out of a difficult situation, rather than to apply the best methods of scientific investigation.

However, confessions probably will continue to be sought, and in connection with this work a specialist in mental examination would prove of assistance. A careful mental examination will disclose whether a person is able to give reliable information, whether he is suggestible and to what degree, and therefore whether he will accept readily the suggestions of the "third degree." Furthermore, laboratory methods are of considerable aid in determining whether a person is withholding informa-

tion, whether he shows well-marked emotional reactions, and many other points now too often ignored in the prosecution of unscientific investigations.

Recommendations

1. Three additional police surgeons should be appointed to serve as assistants to the police surgeon.

2. These surgeons should be employed on full time.

3. They should include in their duties medical and surgical attention to the suspects and prisoners lodged in the police jail.

4. One of the assistant police surgeons should be an expert in psychiatry, and should be known as the mental health officer.

5. The mental health officer of the police department should serve full time.

6. The mental health officer should devote his time to the mental problems in connection with the *police force* and the *police work*.

7. The mental health officer should make a mental and personality examination of every candidate for appointment to the police force and should record his findings.

8. Reëxaminations of every member of the police force should be made by the surgeon and mental health officer once every year.

9. The mental health officer should be present whenever possible at all special examinations of prisoners and suspects, especially in the case of examinations conducted with the purpose of obtaining so-called "confessions."

Crime Detection by the Coroner's Office

"The office of coroner has long been a subject of comment and unfavorable criticism in this country. Physicians and medical societies have made frequent efforts to secure a more efficient administration of the duties devolving upon this office. Laws have been enacted establishing other offices as well as State boards and commissions which have gradually taken away many of the duties formerly belonging to the coroner. The importance of the office has so decreased that little attention is given by the political parties or by the voters to the candidates who seek election to the position. And even less attention is given by the public to the actual administration of the office by the men elected."

Thus begins the report of the investigation made by the Coroner's Committee of the Municipal Association of Cleveland in 1912, and in the nine years which have passed since the publication of this report practically nothing has been done to correct conditions or to apply any of the recommendations made at that time. With minor changes the report is valid today.

The office of coroner in Ohio is governed entirely by statute. The Ohio constitution of 1802 provided that one coroner should be elected in each county; but no provision for this office is contained in the present constitution. Under statute one coroner is elected in each county in the even-numbered years, who holds office for two years from the first Monday of the January following his election. The statutes make no provision for deputy coroners or other assistants, although reference is made to "the official assistant of the coroner," for whom, however, no appropriation is made. Because of the advantage of medical knowledge in this work it has been the custom to nominate physicians for the office of coroner.

The coroner's chief duty is to determine in cases of sudden or unexplained death the causes of death and whether it resulted from unlawful means, and, in the latter case, to fix responsibility for the crime and name the perpetrator. It is obvious, therefore, that a consideration of the office of coroner is well within the scope of a survey of the administration of justice.

Upon the proper execution of the coroner's duties depends, in no small measure, the strict enforcement of the law in homicide cases. A lax performance of these duties, whether due to carelessness, intentional neglect, or merely to ignorance, gravely affects the community. Public safety, especially in large and congested centers of population, requires now, as perhaps never before, that the inquiry into the cause of death shall be conducted according to the best modern theories and with the most expert knowledge and skill. It is easy to simulate an accident or suicide and therefore the definite determination that violence has been used may be well-nigh impossible unless the utmost skill and scrupulous scientific accuracy are brought to bear. It is clearly unsafe to trust such work to any but a highly competent pathologist and medico-legal expert.

The coroner's duties are given in the following excerpt from *The Coroner's Office, Efficiency Series, Report No. 2*, issued by the Municipal Association of Cleveland in December, 1912:

Inquests

The main duty of the coroner is holding inquests. Sections 2856 and 2857 of the General Code provide for the holding of inquests and set forth the method of procedure as follows:

"Section 2856. When informed that the body of a person whose death is supposed to have been caused by violence has been found within the county, the coroner shall appear forthwith at the place where the body is, issue subpœnas for such witnesses as he deems necessary, administer to them the usual oath, and proceed to inquire how the deceased came to his death—whether by violence

from any other person or persons, by whom, whether as principals or accessories before or after the fact, and all circumstances relating thereto. The testimony of such witnesses shall be reduced to writing, by them respectively subscribed, except when stenographically reported by the official stenographer of the coroner, and with the finding and recognizances hereinafter mentioned, if any, returned by the coroner to the clerk of the Court of Common Pleas of the county. If he deems it necessary, he shall cause such witnesses to enter into recognizances, in such sum as may be proper, for their appearance at the succeeding term of the Court of Common Pleas of the county to give testimony concerning the matter. The coroner may require any and all such witnesses to give security for their attendance, and if they or any of them neglect to comply with his requirements, he shall commit such person to the prison of the county, until discharged by due course of law.

"Section 2857. The coroner shall draw up and subscribe his finding of facts in writing. If he finds that the deceased came to his or her death by force or violence, and by any other person or persons, so charged, and there present, he shall arrest such person or persons, and convey him or them immediately before a proper officer for examination according to law. If such persons, or any of them, are not present, the coroner forthwith shall inform one or more justices of the peace, and the prosecuting attorney, if within the county, of the facts so found, in order that the persons may be immediately dealt with according to law."

The terms used in Section 2856 have been construed by the Ohio Supreme Court (62 O.S. 307) as follows:

"A death 'caused by violence' is a death caused by unlawful means, such as usually call for the punishment of those who employ them. A body 'is found' within the county when it is ascertained by any means that it is within the county."

"'Death is supposed to have been caused by violence,' whenever from such observation as he may be able to make, and from such information as may come to him, the coroner is, for reasons of substance, led to surmise or think that death has been so caused."

As thus interpreted by the Supreme Court, the statute, in referring to "death by violence," means intentional killing as distinguished from mere negligence. No criminal negligence act has thus far been passed in Ohio, and the terms of the present statute are certainly not intended to confer general jurisdiction upon the coroner in cases of accidental deaths by railroads, street cars, in manufacturing plants and the like, except in cases where death is supposed to have been caused by "unlawful violence" and not mere negligence.

However, there is one exception to the general rule, namely, that Secs. 926-7 seem to require the coroner to hold inquests in all reported cases of fatalities occurring by explosion or accident connected with a mine, regardless of the question of criminality. Moreover, the statutes now provide (Secs. 212-3) that in cases of death occurring without medical attendance it shall be the duty of

the undertaker to notify the registrar of vital statistics of such death and, if such death appears to the registrar to have been caused by unlawful or suspicious means, he shall refer the case to the coroner for inquest.

The statutes further provide (Secs. 6268–9), in cases where the death of an inmate of a licensed maternity boarding-house or lying-in hospital is reported to the board of health, that such board of health shall forthwith call upon the coroner to hold an inquest unless the certificate of a legally qualified physician is exhibited specifying the cause of death.

The practical effect of Sec. 2856, giving the coroner jurisdiction to act in cases where "death is supposed to have been caused by violence" is to make it discretionary with the coroner in what cases he shall act; and renders it practically outside the power of the courts to regulate the actions of the coroner in this regard. The language of this section is so broad that the extent of the coroner's authority is left almost wholly to his discretion and good faith; and any criticism of his having assumed jurisdiction unnecessarily could be met with the general rule that a public officer's acts are presumed to be according to law and in good faith. In brief, the coroner is his own guide as to the number of inquests he will hold.

Autopsies

The statutes provide (Sec. 2495) that "The county commissioners may allow a physician or surgeon, making a postmortem examination at the instance of the coroner or other officer, such compensation as they deem proper." Although the coroner may determine in what cases autopsies shall be performed, and who shall perform them, the commissioners thus have entire discretion as to compensation, and in practice their wishes largely control as to the kinds of cases in which autopsies shall be made. Autopsy fees and the relative number of autopsies performed vary greatly, therefore, in different counties.

Formerly in Cuyahoga County the coroner distributed the autopsies among favored physicians or hospital internes. Under the present administration the coroner has assigned this work to his "deputy," Dr. Droege, and under an agreement between the county commissioners and Dr. Droege he performs all autopsies at a uniform charge of $15 and confines his examinations to cases of supposed homicidal death.

Further Duties

Where the coroner attends upon the body of a deceased person it is his duty (Sec. 2860) to notify friends or relatives of the deceased if known, or if not known, to advertise the fact of death in a newspaper.

He is required (Secs. 2859 and 2861) to make an inventory of all articles of property found on or about the body, and to return the inventory (Secs. 2861–3) and the articles described therein to the Probate Court, where such property other than money becomes subject to the order of the Probate Court, for its preservation or other disposition, the rights of administrators and executors (Sec. 2684) being fully recognized. The statute directs that such property (Sec. 2863) as is unidentified or unclaimed shall be advertised and sold at public sale

annually by the Probate Court and the proceeds paid into the county treasury. However, money found shall be applied first (Sec. 2862) to paying the expenses of saving the body, and of the inquest and burial, and the remainder shall be paid into the county treasury, where, on proper proof being offered, such money as well as the proceeds of property sold shall be paid over to the claimant entitled to it.

Anomalous Duties of Ohio Coroners

In addition to the duties which it would seem properly belong to the office of coroner, he is by statute in Ohio made a process server, both for the Common Pleas Court (Sec. 2835), where the sheriff is an interested party, and for the Probate Court (Secs. 1596 and 1599), generally, and in certain cases (Sec. 11435) he may further be called on for summoning a jury. Moreover, he is given the additional duties (Sec. 13606) of endeavoring to arrest convicts escaping from the penitentiary, and (Sec. 9914) of apprehending persons selling liquor contrary to law within two miles of the place where an agricultural fair is being held.

In all these latter cases he is assigned duties—although his services in such instances are extremely rare—which are already enjoined upon other officers by law, or for the performance of which the courts are given the power to make special appointments in case of need. These special duties are clearly a survival of the days when deputy sheriffs were a rarity and when the office of coroner was not regularly filled by a practising physician.

Compensation

The coroner's office is the only office still maintained on a fee basis. His remuneration for his services is dependent entirely upon fees earned, the amounts of which are scheduled (Sec. 2866) as follows:

(a) For viewing a dead body, three dollars.

(b) For all necessary writings and the return thereof, 10 cents per 100 words.

(c) For traveling to the place of view, 10 cents per mile.

No special fee is provided for the hearing of testimony in connection with inquests, and the coroner's compensation in such cases, other than the fee for viewing the body, is dependent on the allowances for necessary writings connected with making up the records from the testimony and the other incidents of the case. The statutes do not contemplate the making of autopsies by the coroner in person and no fee is specified for this work.

The staff of the coroner is appointed by the county commissioners, the tenure of office being subject to their pleasure. The staff is under the jurisdiction of the coroner, although he has no authority to discharge individuals. There is little interest in the election of the coroner, the name of the nominee appearing usually at the end of the ballot.

The coroner receives no specified salary, his compensation being dependent on the collection of fees, the only county office still thus main-

tained. For viewing a dead body he receives a fee of $3.00, no matter where the body may be located nor the length of time consumed in reaching it. For traveling expenses 10 cents per mile is allowed. The statutes do not provide special fees for the performance of autopsies by the coroner. As a matter of practice, the county commissioners allow a fee of $25. There is no specified fee provided for the taking of testimony at inquests, compensation for this depending upon the allowance for the necessary clerical work. There is no provision for extra fees and no allowance to meet the expenses in especially complicated cases. Salaries and wages for the staff are as follows: morgue keepers, $137.50 per month; janitors, $110.

The present coroner of Cuyahoga County, A. P. Hammond, M.D., has been in office since January, 1921. Dr. Hammond has been a practising physician and still devotes some time to general practice. He keeps daily office hours at the Morgue, from 8.30 to 12 and from 1 to 3 o'clock. All who have come in contact with Dr. Hammond are unanimous in their commendation of his serious attitude toward his work and his desire to coöperate in every way. The community is fortunate in having such an officer in this very important position, especially in view of the antiquated conditions under which this work is being performed in Cuyahoga County.

The statutes lay down no requirements for the office of coroner except that he must not practise as an attorney or counselor-at-law.

The present practice in the coroner's office in regard to stenographic service is to secure a stenographer from a typewriter company on the authority of the county prosecutor. A fee of 10 cents per 100 words is all the compensation available, although this sum appears to be less than the salary of a regular full-time stenographer. It has been the practice in the past for the coroner to employ a stenographer at his own expense.

Autopsies are performed by physicians selected by the coroner for this duty. As a rule, a qualified pathologist has been employed for this work. For this reason practically all the autopsy work has been of a high order, a circumstance which is all the more fortunate since it is due to the good judgment of the coroner, rather than to the provisions of the law.

There are four morgue keepers and two janitors. One of the morgue keepers serves as a clerk, keeping and filing the records. He assists at autopsies and acts as coroner when the latter is absent. The present incumbent was formerly an undertaker and expert embalmer. He has held his present position for eight years. The other three morgue keepers do general utility work, such as answering the telephone, taking messages, receipting for property and money found on bodies brought in by the

police, making entries in property books, etc. They work eight hours a day, seven days a week, as the morgue is never closed. No bond is required and no special qualifications are named for these positions. However, the feeling among the morgue keepers is that they should be licensed and bonded and that a qualification for this position should be experience as a licensed embalmer, especially on account of the possible danger to the community of careless handling of the bodies of persons who have died of contagious disease.

The two janitors are responsible for caring for the two floors of the morgue. One of the janitors serves as relief man to give the morgue keepers one day off a week. The morgue keepers and janitors are appointed and paid by the county commissioners. The discipline is not good, and the staff, as might be expected under the conditions, lacks *esprit de corps*. On account of the valuables and other property which is continuously passing through the morgue, the staff must often find themselves in positions where their honesty may be questioned, a circumstance which further tends toward bad morale and consequently lessened efficiency in the service.

In addition to the above, there is a special constable attached to the coroner's office who serves the necessary legal papers in subpœnaing witnesses. This officer is allowed considerable discretion in deciding which witnesses to subpœna. Usually the selection depends entirely upon his judgment. The fee for this work is paid by the county treasurer through the auditor, and the total sum varies considerably in amount in a year. It is said that formerly considerable sums were paid over annually for such service.

1. Relation to Police

The Division of Police sends the coroner a copy of its reports on criminal cases. The coroner also makes a report to the police of all cases coming to his notice. If a dead body is discovered in surroundings indicating violence, the police assume responsibility for all weapons and other objects which might serve as evidence and exhibits. The coroner takes possession of the body and personal belongings. The police later turn over to the prosecutor all property in their possession.

The police emergency or ambulance conveys bodies to the morgue in practically all cases. This has become the custom only of late, since the police emergency has superseded the old ambulance service which used to be in the hands of undertakers. Occasionally bodies are brought to the morgue in undertakers' wagons. A policeman accompanies the body and makes a list of the clothing and property found. The morgue keeper

makes an examination of the clothing of the corpse in the presence of the police officer, making an inventory of all property found, and an entry in the property book which the policeman signs as a witness. There is thus a double check on all property.

In murder or suspected murder cases the clothing is put in a bag and kept in the morgue, available for use in evidence. In criminal cases clothing and property are released to relatives only on order of the prosecutor. Bullets taken from bodies are carefully preserved and importance is attached to the necessity of proving that the bullet submitted as evidence was actually the one taken from the body. Some years ago a case occurred in which a person indicted for murder was not convicted because of careless handling of the evidence, which in this instance was a bullet. In the case of bodies which are in an unidentifiable condition, due to exposure or long immersion in water, or to trauma, the skill of the expert embalmer has proved of value to the morgue by so restoring the bodies that identification was possible.

In manslaughter and murder cases police officers or detectives are present at the autopsies. There is naturally a great deal of coöperation between the coroner's office and the police in detecting crimes, evidence often being obtained in the morgue in regard to the exact cause of death, the nature of the weapon used, and many other details which prove of value to the criminal detective agencies. The police sometimes bring suspects to the morgue for "third degree" purposes, suddenly confronting the suspect with the body of the victim.

2. Relation to Courts

The coroner and his assistants have relations with the Municipal Court, the grand jury, the Common Pleas Court, and the Probate and Juvenile Court.

The coroner or his assistants are subject to call as witnesses in the Municipal Court before the cases are bound over to the grand jury. The coroner testifies before the grand jury, submitting for its use copies of the report of the autopsy and the inquest. In all Common Pleas Courts the coroner or his assistants testify in murder cases. The present coroner is of the opinion that this testimony would be of more value if the coroner himself performed the autopsy. The coroner, as well as all the assistants and employees, are, of course, subject to subpœna in court to prove *corpus delicti*.

The Probate Court law of 1920 makes the coroner custodian of all property in coroners' cases. All unclaimed money is held for a year and then turned over to the Probate Court. A property list is made and

must be filed by the morgue keeper and the coroner. Property of any amount or value may be released to relatives or other claimants upon order by the Probate Court. If, however, the property is of considerable value, it is turned over to an especially appointed administrator. The order from the Probate Court releasing property is carefully filed at the morgue in the property book.

The relations of the coroner to the Juvenile Court are of little importance, as the coroner and his assistants are rarely called upon to appear in this court.

3. Relation to Prosecutors

The nature of the coroner's duties and functions necessitates much contact with the prosecutor's office. The effectiveness of the service is somewhat influenced, therefore, by the personal relations existing between these officers. The present coroner and the city prosecutors are on friendly terms, and as a result, coöperate satisfactorily. The county prosecutor decides in which cases to hold autopsies. A representative of the county prosecutor's office is usually present to assist in coroner's inquests. The coroner and his assistants are often called to the police station to give information regarding the bodies and to aid the police in preparing cases. During the trial they are often called upon to testify in court. The coroner and his assistants are called in by the prosecutor to establish the *corpus delicti* and to bind the prisoners over to the grand jury.

4. Relation to the Bar

Lawyers acting as counsel in both civil and criminal actions may come to the morgue for information or evidence. A lawyer may attend the coroner's inquests and may question witnesses, but cannot enter objections.

5. Relation to the Medical Profession

Physicians report to the coroner cases of sudden death, usually by telephone. The coroner then decides whether or not to claim the case. When the coroner decides not to assume jurisdiction, the physician may perform the autopsy himself, either at the morgue or at his own office.

6. Administrative Relations

The coroner issues certificates to undertakers through the Board of Health. Sometimes the district physicians feel they cannot issue death certificates because of suspicious circumstances, and so report to the Board of Health, which in turn reports to the coroner. The city chemist analyzes stomach contents, secretions, and excretions obtained from the body in suspicious cases. In all cases of death occurring without medical

attendance within the city limits the district physician may view the body and report "Cause of death unknown." In cases of sudden death without medical attendance occurring in the county outside of the city of Cleveland, the sheriff performs the functions which, within the city limits, are performed by the police. He notifies the coroner when such cases are found, and accompanies the coroner to the body. The sheriff takes the weapons and all suspicious objects; the coroner claims the body and the property on it. In the case of probable suicide the coroner also takes possession of the gun or other weapon.

The county commissioners "O. K." all bills of expense of the coroner's office. There is no supervision of the county work. At present both the municipal and county administration are Republican. One of the morgue keepers who is a Democrat stated to the investigator that there are no political troubles.

The present coroner is on friendly terms with the county prosecutor. They coöperate in inquests and in other activities connected with their duties. This has not always been the situation, and difficulties have occurred because of strained relations between coroner and prosecutors.

7. Equipment

The public morgue was created by special statute passed in 1896 (92 Ohio Laws, 678). It was placed in care of the coroner, who is directed to see that all dead bodies received are properly preserved until identified or claimed for burial; to collect from friends or relatives of such deceased persons not residing in the county a sum not to exceed $10; and to have photographed all bodies not properly identified.

The morgue occupies a two-story building. On the first floor are the office of the morgue keeper and a safe for property, a well-equipped autopsy room, and a viewing hall. The morgue has capacity for 100 bodies at a time. This space is arranged in four sections, the first of which only is cooled by refrigeration, because of the fact that it is easier to embalm bodies which have not been frozen. Hence most of the bodies are kept in the non-refrigerated sections. On the second floor are the coroner's office, a safe for property, and the office of the assistant clerk, a well-appointed inquest room, and files and records which go back to 1828. These files and records are kept in the inquest room. The filing cabinets contain the following data in each case: viewing slip, inquest slip, a carbon copy of the police report of criminal cases, testimony of witnesses, and the autopsy records, all filed together in a folder.

8. Death Records

Only the knowledge that we are dealing with a very serious subject prevents us from treating in a lighter vein some of the results of the coroner's work as performed under present conditions. Indeed, we cannot entirely suppress a sense of the ridiculous when we read over the list of causes of death as officially recorded by the coroner of Cuyahoga County for the year 1919.

The first entry for the year is:

No. 22942: "Could be suicide or murder," a reassuring statement and one calculated to promote confidence in the guardians of public safety.

Again a few lines further along we read: No. 22957—"Auto accident or assault." Certainly this expresses a doubt which the public would be interested to have resolved further.

No. 23178: "Aunt said she complained of pneumonia, looked like narcotism." Is it necessary to dwell on the extraordinary convenience of having the subject thus obligingly perform the work of the coroner by confiding the diagnosis and thus settling at the same time the cause of subsequent demise?

No. 23203: "Believe strychnia used—viewed as suicide." Is it not possible to *know* whether strychnia was or was not used?

No. 23241: "Looks suspicious of strychnine poisoning," and this suspicion must forevermore poison the mind of anyone who turns the pages of the coroner's record because the county of Cuyahoga did not believe it important to *know* whether this was a case of homicide, suicide, or an accident.

Consider from the point of view of law enforcement and the public safety such records as these:

No. 22964: "Found dead."
No. 22987: "Found dead in shanty."
No. 22990: "Head severed from body."
No. 23035: "Could be assault or diabetes."
No. 23050: "Premature or abortion."
No. 23135: "Found dead in alley—lobar pneumonia."
No. 23187: "Diabetes, tuberculosis, or nervous indigestion."
No. 23253: "Consider it tuberculosis."
No. 23300: "Found dead."
No. 23484: "Found crushed."
No. 23512: "Could be diabetes or poison."
No. 23551: "Died suddenly after taking medicine."
No. 23568: "Medicinal poisoning."
No. 23574: "Body entirely burned."

No. 23577: "Found dead in bath-room."
No. 23605: "Died suddenly."
No. 23670: "Loss of blood."
No. 23686: "Shock."
No. 23687: "Body covered with sores."
No. 23731: "Acute arsenical poisoning-accident."

In none of these cases was an autopsy performed, although one would suppose that in some, if not in all, more precise information is needed not only to determine the exact cause of death, but definitely to exclude foul play.

9. Cost of Administration

The apparent cost of administration of the coroner's office appears to be about one-half what it was in 1912. The scattering of items throughout the county work makes it impossible to be exact, but it is safe to assume that the entire cost of administration, including the morgue and numerous miscellaneous items, is between $10,000 and $15,000 annually.[1]

REPORT OF AUDITOR'S OFFICE OF CUYAHOGA COUNTY ON THE EXPENSE OF THE CORONER'S OFFICE

	September, 1912	September, 1919	September, 1920
Coroner's fees	$6,101.75	$4,629.10	$1,876.82
Constable's fees	1,585.30	..	5.50
Witness' fees	1,801.90	14.40	12.60
Autopsy fees	1,155.00	1,290.00	2,760.00
Miscellaneous	127.61	..	44.55
Totals	$10,771.56	$5,933.50	$4,699.47

Even a cursory glance at the foregoing suffices to show that the work of coroner as now performed is far from adequate. It is indeed high time that the facts are faced and an effective arrangement commensurate with modern scientific efficiency be instituted.

This means abolishing the office of coroner.

10. The Remedy

During the recent (1921) session of the Ohio Legislature a bill was introduced through the efforts of the present coroner of Cuyahoga County, Dr. A. P. Hammond, which was designed to meet some of the objections

[1] The budget for the office of chief medical examiner of New York for the year 1921 is $127,303, of which $120,653 is for salaries and wages.

without abolishing the office of coroner. This bill allows the coroner, in counties having a population of 100,000 or more, to appoint an official stenographer, and "in counties where there is maintained a county morgue, the coroner may also appoint necessary assistant custodians of the morgue, in no case to exceed three in number." Above all, in counties having a population of 100,000 or more, "no person shall be eligible to the office of coroner except a licensed physician of good standing in his profession."

The principal objections to this bill are:

1. That the coroner is elected and not appointed. Keeping the office in politics makes it impossible to secure the quality of service required. No competent expert can be induced to subject his work or his professional career to the uncertainties of partisan politics. Continuity of service and freedom from extraneous interference are the *sine qua non* of scientific efficiency.

2. That the decision whether or not to perform an autopsy rests not with the coroner, but with the prosecuting attorney. This most pernicious custom makes the scientific determination of the cause of death subservient to the requirements of the prosecutor's office and dependent upon the state of his finances, instead of regarding such determination as a complete end in itself, the results to be used in whatever way may be considered proper by the prosecutors or anyone else.

3. That the coroner should be a physician, but not necessarily experienced in pathology. It is amply demonstrated by the history of the coroner's office in Cuyahoga County that securing a physician as coroner does not in itself constitute a sufficient safeguard against unsatisfactory results.

In 1877 the General Court of Massachusetts abolished the coroner and created in his place a medical examiner.[1] Dr. George Burgess Magrath, medical examiner of Suffolk County, Massachusetts, has kindly furnished the following statement in regard to the Massachusetts law and its functioning:

> The Massachusetts Medical Examiner Law was enacted in 1877. It abolished the office of coroner, assigned to physicians appointed by the governor all of the responsibilities involved in the investigation of the cause and manner of deaths supposedly due to injury, and delegated to justices of courts of first instance the magisterial function of fixing the responsibility for a death due to an unlawful act. The only important modification of the original statute is one made a few years ago by an amendment which substituted for the word "violence" the words "act or negligence of another" in that portion of the law governing inquests.

[1] The Massachusetts law is appended.

The statute is not highly specific in its definition of the jurisdiction of a medical examiner, in that it merely provides for his functioning in the case of death of any person "supposed to have come to his death from violence." The interpretation of this statute by the medical examiners of the commonwealth is, however, such as to extend its provisions to include all deaths caused directly or indirectly by traumatism, including traumatic septicemia, deaths caused by the action of chemical substances, of thermal or electrical agencies; deaths following abortions, irrespective of circumstances; deaths from disease resulting from injury or infection relating to occupation; deaths from neglect; sudden deaths of persons not disabled by recognized disease; and the deaths of persons found dead. This interpretation is, of course, necessary in order to make the law of any practical value, and brings within the scope of its operation deaths universally recognized as appropriate for medico-legal inquiry.

The principal advantages of the Massachusetts type of medico-legal inquiry over the coroner system are as follows:

(1) The separation of medical and judicial functions and the delegating of each to appropriate officials.

(2) The giving to the medical investigator the primary and full jurisdiction over the body of the decedent, thereby insuring to him ample opportunity to observe conditions or circumstances tending to show the manner as well as the cause of death. These often include facts susceptible of recognition and proper interpretation by a medical examiner only.

(3) The economy incidental to the use of existing courts which dispenses with the coroner's court and jury.

(4) The placing where it belongs, in the hands of a medical man, the duty of determining promptly the cause of death, whereby crimes against life may be immediately brought to light and the appropriate judicial and police authorities notified thereof; whereby also deaths from injury other than that incidental to the act or negligence of another, as well as deaths from so-called natural causes, may be recognized as such with equal promptness, without unnecessary publicity, and without the use and incidental expense of a court or coroner's jury.

(5) The opportunity existent is an appointive position of selecting therefor physicians qualified by special training and experience.

Dr. Charles Norris, Chief Medical Examiner of New York city, under the recently enacted law of New York[1] abolishing the coroner and establishing the office of chief medical examiner, has thus summed up his experiences and conclusions:[2]

General dissatisfaction with the work of the coroner of the city of New York

[1] Laws of New York, 1915, Chap. 285. "An act to amend the Greater New York Charter and repeal certain sections thereof." (See also: Laws of New York, 1882. Chap. 410.)

[2] "The Medical Examiner versus the Coroner," by Charles Norris, M.D., *National Municipal Review*, Vol. IX, No. 8, August, 1920.

resulted in many attempts in the legislature at Albany to abolish this office and to substitute an office to be known as medical examiner, after the fashion of that created many years before in Massachusetts. Finally on April 14, 1915, the office of the coroner was abolished and in its place the office of chief medical examiner was established.

The Coroner's Office Breaks Down

Unlike the coroner's office, the medical examiner's office was not given quasi-judicial powers, but was vested with sufficient authority to administer oaths and take affidavits, proofs, and examinations as to any matter within the jurisdiction of the office. The judicial functions formerly vested in the coroners were, under the medical examiner's act, transferred to the proper legal authorities, namely, the magistrates and the grand jury. Prisoners are now held by the magistrates, and the defendants are indicted by the grand jury upon presentation of the facts by the district attorney from the reports furnished by the medical examiner, the police and witnesses.

The judicial functions of the coroner's office are now more satisfactorily and quickly handled by the legally trained magistrates and by the grand jury under the guidance of the district attorney. In other words, the judicial functions of the coroner's office are redundant and have no proper place.

The correct determination of the cause of death is designated as medical jurisprudence, the science which correlates our medical knowledge to the purpose of the law. Thorough equipment in medicine and surgery must be supplemented by a knowledge of firearms, the effect of bullets on the human body, recognition of powder marks and burns, etc. Familiarity with the biological methods employed in testing suspected blood, semen, and other stains; practical knowledge of botany in the examination of dust and foreign material upon the clothes of suspects and in the examination of the intestinal contents for particles of food, that is, plant seeds and fibers of animal and vegetable origin; an acquaintance with the flora and fauna of waters, namely, diatoms, etc., may be of great assistance in the microscopic examination of the contents of the lungs and stomach of persons supposed to have been drowned; and again, the determination of the freezing-point and the differences in the salt content between the blood of right and left side of the heart may be of use to confirm or negate the diagnosis of drowning. Entomology also may be of considerable assistance in establishing the date of death through the cadaveric flora and fauna.

This incomplete summary of the duties of the pathological expert serves to emphasize the point I wish to make. That the officer whose duty it is to make such examinations which have as their one and single aim the determination of the cause of death and a correct and analytically interpretative analysis of the surrounding circumstances attending, must be a physician by education, technically and practically trained in these branches. No lay or professional man other than a well-trained pathologist as above defined possesses the requisite natural or legal qualifications to discharge properly the duties of such an office.

The records of the medical examiner's office are open to the public, and daily use of such records is made by representatives of insurance companies, the families or representatives of the deceased, the army and navy authorities (especially during the late war), and the State Industrial Commission. Whereas under the coroners, the chemical examinations, even in poison cases, were not made except here and there, when the services of the pathological chemist of Bellevue Hospital in Manhattan were called upon to aid in a scientific inquiry, the office at the present time is constantly required to furnish evidence of the presence or absence of alcohol and of poisons. We are furnishing constantly to the department of health, the census bureau at Washington, and the various insurance companies, information in order to give them accurate data for purposes of classification, etc. The educational value of our reports is illustrated by the curious fact that the office is now criticized in those instances where chemical examinations are not made.

Without the aid of a properly organized chemical laboratory many certificates of death would be signed improperly. A most noteworthy illustration of this point is the fact that before the attention of the country was called to the so-called epidemics of wood alcohol poisoning, this office had become aware of the iniquitous sale of methylated spirits in place of grain alcohol through the routine chemical examination of cases which had come to autopsy in which the pathological lesions were indefinite.

The difficulty in abolishing a long and well-established office, as was the coroner's, is abundantly illustrated by the discussions which took place before the senate committee on city affairs in 1915. The arguments presented by the representatives of the coroner's system were that the coroners' physicians had surveyed a very large number of cases, that they were competent in view of this fact, that the establishment of a medical examiner's office would entail an extraordinary expenditure of moneys—some claiming that a satisfactory substitute of the system could not be maintained under less than half a million dollars a year. As a mere matter of fact, the medical examiner's office was created with a budget of about $65,000 less than the coroner's budget for Greater New York. The favorite arguments of the coroners were that they were the protectors of the rights of the people, that the new system was instituted purely for the benefits of the medical colleges and that the introduction of a new system was merely a scheme to obtain sufficient autopsies for medical purposes. Glaringly false statements were made in the hearing.

The Medical Examiner Faces Perplexing Problems

One of the most serious tasks that the medical examiner performs is the determination of criminal negligence in accident cases. This consists in the investigation of the circumstances surrounding the deaths in various industrial accidents, the analysis of poisonous fumes in manholes, the deaths resulting from careless cyanide disinfection, either in rooms or in the holds of vessels, deaths resulting from salvarsan poisoning, deaths resulting from structural

defects in wood from dry rot and in the careless construction of buildings and other structures in general. In fact, the policy of the office is to bring out all the facts, medical, pathologic, or chemical, and to present all such evidence in proper fashion, making direct and trustworthy inferences and at the same time to avoid the danger of looking at facts through the spectacles of theory.

The numerous cases of asphyxiation by illuminant gas which this office handles yearly present a subject of considerable importance to the commonwealth. The duty of the office is not merely to give a correct determination of the cause of death, namely, whether accidental, suicidal, or homicidal, but to report to the proper authorities any negligence or carelessness on the part of the landowner or tenant in connection with the attachments of the gas tubing to the heating and illuminating apparatus or structural defects causing leakage of coal gas from water heaters or furnaces. There have been a number of accidental deaths due to the habit of a few of the keepers of boarding-houses of turning off the gas at stated hours and again turning on the gas in the early morning hours when the tenants are still asleep, the burners being turned on. One of the difficulties we have experienced is that there is no single department which has responsibility to whom such cases can be referred with a certainty they will receive prompt attention and action. The inadvisability of the use of rubber tubing for gas connections was called to the attention of the board of aldermen a few years ago and it is expected that action will be taken to prohibit its use in connections of this kind.

I wish to call attention to the necessity of performing autopsies upon all suspected cases, namely, all those cases in which the diagnosis cannot be made beyond reasonable doubt. Curious illustrations have occurred in this office to indicate how important a matter this is to the community. For instance, we have had two cases within the past several months of supposed criminal abortions in women in their early forties, upon whom criminal abortions have been performed, and who at autopsy were found not pregnant. The department examines cases rejected by the department of health and death certificates signed by apparently reputable physicians have disclosed cases of acute gastro-enteritis which turned out to be peritonitis following criminal abortion, and cases of suicide in women supposedly pregnant (one case up to the seventh month, in an elderly married woman), autopsy revealing that there was no pregnancy, pregnancy being feared due to the appearance of the menopause and poison being taken to deliver a supposed fœtus.

Recommendations

1. The office of coroner should be abolished.

2. A law similar to the New York or Massachusetts law creating a medical examiner should be enacted.

3. The medical examiner should be a physician, expert in pathology and in medico-legal investigations.

4. The Board of County Commissioners should appoint from a civil

service list a medical examiner, and in counties having more than 100,000 inhabitants should appoint a chief medical examiner.

5. The chief medical examiner should have the power to appoint and to remove such deputies, assistant medical examiners, scientific experts, officers, and employees as may be provided for by law.

6. The medical examiner or his deputy or assistant should take charge of the body of any person who has died from criminal violence, or by a casualty, or by suicide, or suddenly when in apparent health or when unattended by a physician, or in prison, or in any suspicious or unusual manner.

7. If, in the opinion of the medical examiner, an autopsy is necessary, it should be performed by the medical examiner or his deputy or assistants.

8. The medical examiner should be in charge of the morgue.

9. Suitable laboratories, autopsy rooms, record rooms, and vaults, properly equipped for the performance of whatever investigations may be required in the course of the medical examiner's work, should be provided at the morgue.

10. A budget should be drawn up for the office of medical examiner each year, based upon the total amount of work to be done and not upon any proportionate relation to other public expenditures.

Prosecution

There is no provision for special medical examination in connection with prosecutions. It is left to the discretion of the prosecutor to call in physicians or other specialists to serve as expert witnesses. This is in accordance with the course pursued almost everywhere, and probably is satisfactory, according to present standards. There are certain individual prosecutors who consult and who may even be advised by experts throughout a trial without placing them upon the witness-stand. While this is a little more progressive than the general practice, it has the disadvantage of being partisan.

Prosecutors, in common with others, would benefit if there were available a body of expert opinion which could be invoked, as a routine measure, in all criminal cases.

Adjudication

1. Municipal Court

In the Municipal Court no special provision is made for expert medical or mental examinations. Cases dealt with by this court are in the main minor ones. They do not attract attention, and are passed

through the court in a more or less routine fashion, on the general assumption that a delinquent requires punishment.

That the Municipal Court should constitute a process of weeding out socially incompetent individuals or serious delinquent types not yet guilty of a major crime is not comprehended. In a community in which public opinion on this subject is more advanced the Municipal Court is regarded as the most important clearing-house and sorting station for keeping the stream of civic life pure.

2. Common Pleas Court

The Common Pleas Court, criminal branch, hears cases of insanity under certain conditions. There are three ways in which such cases come before this court:

1. According to Sec. 13577, General Code, the grand jury may, if it finds the accused person insane, report that finding to the Common Pleas Court instead of indicting the person. The court then, as provided by law, impanels a jury to try that fact, whether or not the person is insane. If found insane, he is committed to Lima State Hospital for the criminal insane. The Ihlenfeld case is the first and only case to be dealt with according to the provisions of this section. Judge Baer, who tried the case, says this method saves time and money.

2. After a person has been indicted, and before sentence, his attorney may present to the court a certificate from a reputable physician to the effect that the person accused is insane, whereupon a jury is impaneled to decide the matter. The burden of proof rests on the defense. If three-fourths of the jury find the accused insane, he is committed to Lima State Hospital. (Sec. 13608 ff.)

3. The defense of insanity may be made at a regular trial. If the person tried upon an indictment for an offense is acquitted on the sole ground that he was insane, he is committed to Lima State Hospital, Sec. 13679. In all cases, if restored to reason, he may be prosecuted for the offense.

These seem to be the only ways in which such cases come before the Common Pleas Court. The number of such cases is small. During 1919 there were but seven cases. No separate or special records are kept; the records of the number of such trials and disposition of cases are found in the general Common Pleas docket. The prosecution can oppose the plea of insanity and call in doctors or other specialists as witnesses. There is no special provision in law for calling in experts or for their compensation in such cases. Judge Levine and Judge Baer are of the opinion that the Common Pleas judge can order examination to be made as to an

accused person's sanity. No specific powers of that nature are mentioned in statutes.

In Judge Baer's opinion there should be a laboratory to investigate the mental condition of persons indicted, especially in the case of recidivists. Such work he considers belongs to a specialist and not to the judge, who cannot detect such cases when they appear in court.

3. Probate Court

There are no medical experts specially attached to the Probate Court to act in lunacy and feeble-minded cases. The law requires that in every case of feeble-mindedness, epilepsy, or insanity two reputable physicians shall be called in as medical witnesses. Technically, these are selected by the probate judge in each case, and serve only for that case. As a matter of practice, of course, physicians appointed to this commission are almost always the same; but this is purely dependent on the judge's choice and judgment. The medical witnesses are paid $5.00 for each case in which they testify, or, in other words, $5.00 for each certificate. At present the two physicians appointed by the judge are experts in mental diseases, having had experience in State hospitals.

There is no equipment for this work; the court does not control any offices or laboratories, though when it is not possible to arrive at a decision without special observation, the court is able, as a rule, to send the patient for examination to the psychopathic ward of the city hospital, which is the so-called Detention Hospital.

No selection of cases is possible; the examinations are made in those cases which are brought into the Probate Court on a complaint of insanity, epilepsy, or feeble-mindedness. Every complaint made is examined. The original papers in all cases are kept in the office of the court. Certified copies are sent to the hospital or other institution to which the patient is sent for examination and observation or to which he is committed. Reports of work are also made to the Secretary of State.

The examiners perform their work wherever necessary, according to the requirements of the case. They visit patients in their homes and in hospitals, at the State hospital, in jails, or wherever else they may be. The recommendations of the medical examiners are nearly always carried out. The judge acts upon the medical experts' advice also, and has confidence in the examiners whom he selects because they, in his opinion, are careful and conscientious in their work. Since the medical examiners are appointed by the judge, their mutual relations are very close. Apparently no other consideration than their fitness for the work enters into their appointments.

This system, which is obviously open to many theoretical objections, especially the opportunity it affords for political and other considerations to play an important part, is safeguarded by the fact that the present probate judge is above allowing such factors to influence his judgment. The medical examiners are free from the objection of being interested in the State hospitals, especially since the law requires that no physician officially connected with these may serve as examiner for the Probate Court.

In regard to the relation of medical examiners to commitment of insane persons, there is this to be said: The law which authorized the payment to the medical examiner of a fee for each case committed obviously places a premium on committing individuals; it would seem that the interest of the physician was to commit persons rather than to keep them out of institutions. Any possible tendency in this direction is counteracted, however, by the equally potent restraint of laws concerning malpractice and other legal actions.

Nevertheless, the recompensing of these special witnesses is a bad practice. Physicians are not only open to the influence above mentioned, but personal considerations enter in which have no place in this connection, such as the fact that these fees, which are paid through public funds, are in the nature of a largesse and should, therefore, be distributed among as large a number of physicians as possible. In the eyes of the more unscrupulous it will appear as a downright "graft," which may be connived at only if every one gets his full share. In Cleveland, as in other cities where this system is used, the work is done with little, if any, evidence of bad influences. Nevertheless, from the point of view of efficiency, and above all that of educating public opinion, it should be changed.

The tendency in all matters pertaining to insanity, at least since Charles Reade published *Hard Cash*, has been to remove all specific incentive in the matter of commitments. This fact, probably more than any other, has resulted in the respect shown for the State hospital and the prejudice in favor of this institution as compared with private institutions for mental cases.

The decision, whether a person should be segregated to a certain extent and deprived of his liberty, should be made on purely objective evidence, and while it is true that the court makes the final decision and examines the records, it is nevertheless upon the evidence submitted by the medical experts that such a decision is made by the court. If, then, medical examiners are swayed, either consciously or unconsciously, by other reasons than those based upon purely objective evidence, the court,

even if ignorant of this, cannot act in an unbiased way. The result is that medical examiners should be paid either a salary or a fixed fee for every examination they make, regardless of whether commitment is recommended or not. At present they are paid for the certificate issued and not for the examination made.

The same statements which apply to the question of expert witnesses in general apply here. There may be, and probably should be, two kinds of experts available to the courts, the one serving as a public official on salary, for either full or part time, the other physicians who, in addition to the usual medical qualifications, have qualified and been appointed as experts. When a court or other public official or a private individual requires the services of an expert other than the officially salaried expert, he may select one from this qualified list. This system does not force any expert upon either courts or private individuals, nor does it require the poor man to suffer because he cannot afford the expensive specialist. Furthermore, it guarantees that the public official will be non-partisan and that the privately retained expert will at least measure up to the minimum standard requirements.

There is another phase of the relationship between the medical and particularly the mental expert and the Probate Court. In the Probate Court questions of property rights, guardianship, and conservatorship continually arise. While the question of mental disease or mental deficiency may not arise, there may, nevertheless, be important considerations in which the expert knowledge of the qualified psychiatrist would be of considerable value to the court. This refers particularly to that very large field of personality factors which we are just beginning to study scientifically. Every judge of the Probate Court will readily recognize what is referred to here, and probably every judge who has served in the Probate Court has made use of his experts in non-insane and non-feeble-minded cases, for the purpose of evaluating the personality factors before making a decision.

This important work requires specialization and, furthermore, cannot be done satisfactorily unless experts making the examinations are employed on full time; that is, the experts cannot be expected to be efficient if they are called in only occasionally on such cases—they must be dealing with them as a matter of daily routine.

In the last year 560 cases have been examined by medical commissions for the Probate Court at $10 a case, or a total expenditure of $5,600 for medical fees alone. This does not include the sheriff fees, witness fees, and other incidentals.

Recommendations

1. A chief psychiatrist should be appointed by the judge of the Probate Court from a civil service list.

2. The chief psychiatrist should be empowered to appoint from a civil service list three assistant or deputy psychiatrists, one psychologist, and one assistant psychologist.

3. Suitable salaries should be provided to attract properly qualified experts.

4. The necessary clerical assistance and office quarters should be provided in the new court-house office building or county jail.

5. The chief psychiatrist should examine and pass upon all cases coming from the Probate Court, the Municipal Court, and the Court of Common Pleas, in which the question of sanity or insanity, epilepsy, or mental deficiency is raised.

6. The chief psychiatrist should cause to be examined, physically and mentally, in so far as possible, all persons coming before the Municipal Court.

7. The chief psychiatrist should present to the courts in writing a statement of the findings and opinion of the psychiatrist in each case examined.

8. In cases of dispute or doubt the court should be able to appoint a special psychiatrist to examine a case.

9. The person to be examined, his counsel, relatives, or friends, should be permitted to be represented by a psychiatrist who should have access to the findings of the chief psychiatrist, and who may be present at and participate in the examination by the chief psychiatrist, but who may not interfere with the conduct of such examinations.

10. The sheriff of Cuyahoga County and the Director of Public Welfare should be able to call upon the psychiatrist to examine any person in their custody and to enter a petition for commitment of any person thus examined who shall be found to be insane, epileptic, or feeble-minded.

11. Whenever, in the opinion of the psychiatrist, any person examined requires more extended study or observation than can be given at the county or city jail, application should be made to the court having jurisdiction, for temporary care at the city psychopathic hospital for a period of ten days, or not more than three months, or until such time as the director of the psychopathic hospital shall depose in writing that the examination or observation has been completed.

CHAPTER IV

PREVENTION

Early Detection of Special Cases

IF WE may correctly assume that delinquency in most instances is not merely accidental, but is associated with characteristics and personal peculiarities inherent in the individual, it must follow that any attempt at prevention must include elimination at the source. By this we mean the examination of children of school age and even younger from the point of view of mental and personality characteristics, as manifested especially in behavior. It is by no means a certain or a simple matter to determine, even after careful examination, which children will present major behavior problems later in life. But it is certainly possible to determine which ones are in need of immediate special training and which show present behavior or mental deviations.

A careful study of this kind, followed by intensive training and observation of the physical, mental, and social factors involved, will, if applied to enough children, be comparable to the results obtained in the same circumstances by the methods of physical health training. If these methods now succeed in the Juvenile Courts, where they are applied after delinquency develops, there is every reason to expect even more satisfactory results when applied earlier, before the major problems of delinquency appear. When such a plan has been in operation for a generation, it is not unlikely that the problem of delinquency in the community will have changed so much as to make jails, as we now know them, quite unnecessary. We shall probably always require places of detention, but with a better understanding of the real causes of delinquency and crime and with more effective methods of prevention and treatment it is fair to assume that future detention institutions will differ from the present ones as modern hospitals differ from the ancient pest houses.

Meanwhile the police will continue to pick up and detain a large number of individuals who are a source of trouble and loss to the community and of little profit to themselves. Even in these cases an intelligent attitude requires that suitable studies shall be made of each individual case in order really to solve the problem, instead of depending entirely on forcible detention and segregation and the supposedly curative effects of

punitive imprisonment. The number of recidivists who pass through our jails is ample evidence against such misplaced confidence.

Even if a thorough examination of each prisoner is not possible, a sorting by simple examinations will identify extreme types of feeble-minded or psychopathic individuals. Individuals who are brought to light by these sorting examinations cannot be properly disposed of without treatment, and the treatment which may be given is one of three general types or combinations of these, namely, physical, mental, or social.

Physical treatment is directed against physical disease, on the one hand, and physical handicaps and defects, on the other. It is not necessary to enlarge upon this familiar topic. The main thing to emphasize here is the importance of correcting all physical disabilities, even those of apparently minor significance, in the interest of improving the mental and behavior reactions. Physicians often err in minimizing the effects of minor physical ailments.

For example, in the field of the psychoneuroses, as exemplified by the cases of so-called shell-shock during the war, the slighter the physical injury, the greater the psychic disturbance. In the field of behavior difficulties this is often markedly true. It is obvious, therefore, that physical examination must be performed with subtlety and niceness of observation. Clearly a physician, to be effective in the physical examination of behavior cases, must approach his work from a different angle from his general medical practice. The examination thus performed must then be correlated with the mental and social factors of each case in order that suitable physical treatment may be prescribed.

Mental treatment consists in the main of two kinds: first, education and training of various mental faculties or talents, which are carried out in accordance with established principles of educational training and certain sorts of habit formation; second, treatment by various means of what may be considered pathological mental traits. Psychotherapy, hydrotherapy, mechanotherapy, occupational therapy, and other modern forms of treatment may be applied by trained experts to good effect.

Social treatment is perhaps the most modern and least well defined of all the various forms of treatment. As applied to delinquency, it consists mainly of adjusting environmental conditions to the needs of the individual case. The important point is not merely to change the environment, but to adapt the environment to the needs, temporary or permanent, of an individual more or less incapable of adapting himself. This form of treatment is consequently varied, and includes the adjustment of the individual to living conditions in his particular community, as well as social relief, recreation, or employment.

Public Information and Education

One of the most potent influences in prevention is, of course, public education. As in public health, the only effective way to educate the public is by spreading broadcast the knowledge now available to which the public is entitled.

Unfortunately, in this era of advertising, everyone is becoming suspicious of propaganda conducted under the guise of public education. It is, therefore, necessary to force upon the public something more than offhand opinions and prejudices. Ultimate progress depends upon the strict adherence to facts. For example, during recent years considerable propaganda has been adopted to prove that feeble-mindedness is one of the principal causes of criminality. It has been contended that if we detect and segregate the feeble-minded early in life, we can reduce crime by one-third to one-half, if not more. This belief was based upon the finding that in certain institutions from one-fourth to one-third of the institutional population was rated feeble-minded by intelligence tests.

This contention was given a most favorable reception, and for a time promised to induce a more scientific attitude on the part of officials toward the various phenomena of crime, and also to arouse a greater interest in and support of the institutional care of the feeble-minded. Certain officials—police, prosecutors, attorneys, prison authorities, in short, all who were brought in close contact with the criminal population—were reluctant to accept these statements, but their attitude was ascribed to natural conservatism.

More recent work has shown that while figures for the institutions were undoubtedly correct, the interpretation placed upon them was not correct, because it failed to take into account the nature of the population from which the prisoners came. From information now available in regard to the intelligence distribution throughout the United States it appears that the prison populations are probably fairly representative, so far as intelligence goes, of the communities from which they come. It may be true, therefore, that a quarter of the persons in a given institution are feeble-minded, but, in order to reduce crime by 25 per cent. not only would 25 per cent. of the prison population have to be committed to an institution for the feeble-minded, but 25 per cent. of the population from which they came would have to be segregated, which is clearly ridiculous.

This illustrates one of the dangers of the proposed methods, even when applied to a worthy purpose. Nothing could be more desirable than the scientific treatment of criminals and the application of psychological, psychiatric, and other mental methods to criminals and delin-

quents. But it is a mistake to make the success of such a venture depend upon arousing the public's interest by unwarranted statements. In the business world, where an effect is desired for a short time, such methods may be legitimate, but in the case of treatment of crime, where we are building for generations ahead, they are nothing short of dangerous. The psychology of salesmanship has no place in the sphere of science. The reaction in the public mind of arousing interest on the basis of statements which are only partly true causes a loss of confidence which retards progress more than initial conservatism.

Research

Where shall the facts and information be obtained upon which a campaign of public education may be based?

Obviously, in an experimental subject, such as criminology, and one in which science is just beginning to make itself felt, concrete information is extremely scanty. In order to keep pace with the progressive demands of modern community life and the growing public interest, provision must be made for investigation and research into the nature and treatment of delinquency and crime.

Such scientific research requires the same arrangements as any other sort of scientific investigation. In the first place, there must be properly trained and equipped experts. They must have a place in which to work which is officially designated the laboratory, and in which are provided all the necessary paraphernalia for scientific research. This is not the place to enter into detailed statements as to the exact size or arrangement of such laboratories or staff. These depend largely upon the resources which the community makes available for the purpose and the interest which it arouses.

Since scientific research is at best an uncertain matter, a liberal allowance or *margin of safety* is advisable in order to insure a minimum of return. There are no rules for this work, and there is, as yet, no standard. It would be better, however, for Cleveland not to venture into this field at all unless the start can be made on a scale commensurate not only with the size and importance of the city, but with the size and menace of the problem.

A research laboratory or institution, properly staffed and equipped, could conduct scientific investigations into behavior problems for the police, schools, public health bureaus, courts, jails, correctional and penal institutions, and the numerous public and private social agencies.

In another part of this section of the survey there is a brief account of a psychological analysis of the population of the Cleveland workhouse.

It will be seen from this analysis that the workhouse has a large number of low-grade feeble-minded men. Reference to the chart will show that the number is out of proportion to the rest of the community. Clearly, here is a problem for mental science—for the student of the pathology of human behavior. We are spending several hundred million dollars in the United States annually in dealing with the end results of criminality and behavior disorders. Probably not $500,000 is being spent in a scientific attack upon the *causes*.[1]

Training of Workers and Experts

The plan outlined thus far has discussed: (a) The workers for practical daily routine; (b) the research institution and staff, where new knowledge may be sought and gained; and (c) the dissemination of information to train and direct public opinion. There is left one more item to round out the scheme, and that is a provision for the training of workers and experts who are to take their places in the ranks.

Whenever a community has been aroused on the subject of mental problems, and particularly behavior problems, and has finally decided to establish scientific work, the perplexing question presents itself: "Where shall we find the workers?" It must be admitted that the workers available for immediate employment in this field are limited in number. This is, however, not to be wondered at, nor is it an indication that the subject does not appeal to scientific minds.

Rather it is a manifestation of one of the many vicious circles in our social organization. There must be a demand for this work and a realization on the part of the public of its importance great enough to insure a career for the workers. This, in turn, depends upon the attainment of results of a concrete and practical sort, to stimulate public interest. Many who might have been glad to devote their lives to this science have been compelled to seek other fields by a failure to obtain either opportunity or remuneration enough.

In order permanently to break up this vicious circle and to make the scheme outlined here quite clear, we must, therefore, add a provision for the training of workers and experts. This training should be given in the

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[1] It is as well, perhaps, to state here that the term "scientific," as used repeatedly in this report, is not used as applied to the worker in the exact sciences. The scientist referred to here is not a man manipulating test-tubes and galvanometers alone. The investigation of behavior problems requires scientists equipped to deal not only with the methods of exact science, but also those who are capable of devoting themselves to problems of education and social organization.

main under the auspices of a research laboratory, as we suggested, and in connection with the schools and universities of the community. Such training should be offered, in the first place, to physicians, lawyers, psychologists, psychiatrists, social workers, administrators, and public officials. A flexible curriculum should permit these different classes of professional workers to obtain the training needed to make their particular contact with the problem of delinquency. In order to do this it might be desirable to utilize existing departments of the university, perhaps the medical school. The latter is preferable to the law school, but close correlation between the law school and such work in the medical school is essential.

In addition, special courses should be offered to social workers, parole and probation officers, police officers, teachers, and nurses. Here again the curriculum might be so arranged that police officers, for instance, should receive a brief and intensive training, whereas social workers and probation officers should receive a more extended training. A scheme such as this, furthermore, makes possible part time graduate work or special investigations, just as now a properly qualified student may enter a laboratory for post-graduate study on a special topic.

When an organization of this sort has functioned long enough to produce the first graduates, the community can equip itself in such a way as undoubtedly to reap the benefit in a continually lessened cost of administration of criminal justice; and not the least of the benefits to be expected from such an organization is that other communities, no less anxious to improve their crime statistics than Cleveland, and no better off for staff or special workers, will turn to Cleveland for their personnel.

Recommendations

1. If possible, a privately supported institute or clinic should be established either independently or, preferably, in connection with Western Reserve University.

2. The object of the institute should be:

(a) Investigation of the nature and treatment of human behavior difficulties.

(b) The training and education of special workers and experts in the field of behavior problems.

3. The institute should have a staff comprehensive enough to include the methods of physical and mental health and the social sciences.

4. The institute shall be equipped with the necessary laboratory space and apparatus and with bed capacity for a limited number of patients.

APPENDICES

APPENDIX I

REPORT OF INTELLIGENCE SURVEY OF THE CLEVELAND POLICE DEPARTMENT

By E. K. Wickman
Psychologist, Division of the Criminologist, Illinois

A SURVEY of the intelligence of the personnel of the Division of Police of Cleveland was made in connection with the survey of the administration of justice conducted by the Cleveland Foundation. Mental ratings on 979 officers, detectives, and patrolmen were secured by the use of the army Alpha Intelligence Examination.

The survey was made with the coöperation of the Chief of Police, Frank W. Smith, who ordered the men of his department assembled for the examination and who lent his coöperation and influence to their effective administration and completion. The examinations were not compulsory for the men, with the exception of those in the training school. Orders by the Chief of Police were issued for all men who were on active duty during the three days of the survey to report for the examination, but the actual examination was taken voluntarily. There were, however, no men in the department who declined to submit to the tests.

The 979 men who were examined compose over 90 per cent. of the entire department, and the men who were not rated were not actually available for the examination during the three days of the survey. The general orders for the assembling of the men called for one-half of one of the four platoons for each group examination. The examinations were made on the salary time of the men, and the groups were assembled at 1, 2, and 3 o'clock in the afternoons, and at 7.30 and 10 o'clock in the evenings. The 979 men include officers (captains, lieutenants, and sergeants), detectives, men of the vice bureau, the traffic, mounted, emergency, and regular patrolmen, and the members of the training school.

The intelligence examination used was the army Alpha examination, the scale employed for literates in the examination of officers and recruits in the United States army. The army procedure in the administration of the examination was adhered to in all respects. The groups varied in size from 10 to 90 men. With the exception of the captains and detec-

tives, the groups were assembled in the training school class-room of the Eighth Precinct Police Station. All five forms of the Alpha examination were employed, so as to avoid possible coaching.

The papers were later scored by special clerks, and intelligence ratings were assigned to all the men on the basis of the army letter rating scale, as follows:

Grade of intelligence	*Explanation*	*Alpha score*	*Approximate mental age, years*
A	Very superior intelligence	135–212	..
B	Superior intelligence	105–134	..
C+	High average intelligence	75–104	..
C	Average intelligence	45– 74	..
C—	Low average intelligence	25– 44	11–13
D	Inferior intelligence	15– 24	9–10.9
E	Very inferior intelligence	0– 14	Below 9

The distribution of intelligence ratings for the officers, detectives, and various divisions of the patrolmen is shown in Tables 1 and 2 and Diagram 1.

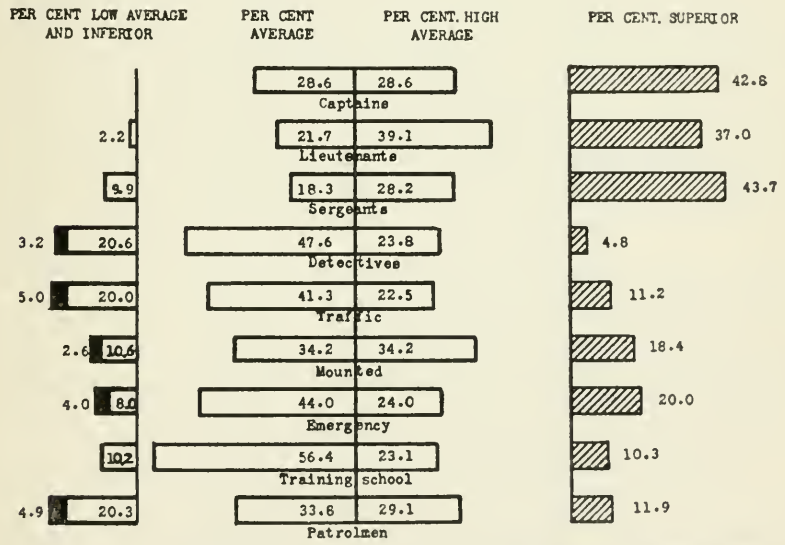

Diagram 1.—Intelligence ratings of divisions of Cleveland police department

About 40 per cent. of the officers of the department rate in the superior grades of intelligence. These ratings were secured by about 13.5 per cent. of the draft army. Another 32 per cent. of the officers are of high average intelligence; about 20 per cent. are average, while 6 per

TABLE 1.—DISTRIBUTION OF INTELLIGENCE RATINGS

	Captains		Lieutenants		Sergeants		Detectives		Vice Bureau		Training school		Traffic police		Mounted police		Emergency motorcycle		Patrolmen	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
A	1	7.1	4	8.7	7	9.9	..	..	4	15.4	1	2.6	1	1.2	1	2.6	1	4.0	17	2.9
B	5	35.7	13	28.3	24	33.8	3	4.8	9	34.6	3	7.7	8	10.0	6	15.8	4	16.0	52	9.0
C+	4	28.6	18	39.1	20	28.2	15	23.8	8	30.8	9	23.1	18	22.5	13	34.2	6	24.0	168	29.1
C	4	28.6	10	21.7	13	18.3	30	47.6	4	15.4	22	56.4	33	41.3	13	34.2	11	44.0	195	33.8
C−	..	..	1	2.2	7	9.9	13	20.6	1	3.8	4	10.2	16	20.0	4	10.6	2	8.0	117	20.3
D	..	..	..	..	..	..	2	3.2	..	..	..	..	3	3.8	1	2.6	1	4.0	22	3.8
E	..	..	..	..	..	..	..	..	..	..	..	..	1	1.2	..	..	..	..	6	1.1
	14	100.0	46	100.0	71	100.0	63	100.0	26	100.0	39	100.0	80	100.0	38	100.0	25	100.0	577	100.0

cent. are low average. There are no representatives among the officers in the inferior grades of intelligence.

TABLE 2.—SUMMARY OF DISTRIBUTION OF INTELLIGENCE RATINGS

	All officers		Vice Bureau		Detectives		All patrolmen		Total		Draft army
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	Per cent.
A	12	9.2	4	15.4	..	..	21	2.8	37	3.8	4.5
B	42	32.0	9	34.6	3	4.8	73	9.6	127	13.0	9.0
C+	42	32.0	8	30.8	15	23.8	214	28.2	279	28.5	16.5
C	27	20.6	4	15.4	30	47.6	274	36.1	335	34.2	25.0
C−	8	6.1	1	3.8	13	20.6	143	18.8	165	16.9	20.0
D	..	..	..	..	2	3.2	27	3.6	29	2.9	15.0
E	..	..	..	..	..	..	7	0.9	7	0.7	10.0
	131	100.0	26	100.0	63	100.0	759	100.0	979	100.0	100.0

Of the patrolmen, there are 12 per cent. in the superior grades, 28 per cent. are high average, while the greatest percentage (34) are average. There is a heavier percentage of patrolmen in the low average group than in the superior groups, and about 3 per cent. are definitely in the inferior grades of intelligence. Of the various divisions of the patrolmen, the emergency and mounted police have the higher intelligence distributions.

The detectives, a group of 63 men, rate lowest in the entire department. There are less than 5 per cent. in the superior grades, and about 23 per cent. are high average, while 70 per cent. are either average, low average, or inferior.

A further comparison of these divisions of police is shown in Table 3 and in Diagrams 2 and 3, by comparing their median scores and the range of scores of the high, middle, and low third of each division. The median scores of the officers varies between 95 and 98. These are high scores in the high average grade of intelligence. The patrolmen have a median of 67, which falls in the average grade of intelligence, while the detectives are the lowest of the divisions, with a median of 59.

At present the detectives are ranking, as far as salary is concerned, with the lieutenants, but a comparison of these two groups shows that the lieutenants have 37 per cent. of representatives in the superior grades of intelligence, as opposed to 4.8 per cent. of the detectives, and only 23.9 per cent. in the average and low average grades, as compared with 71.4 per cent. of the detectives. The lieutenants' median falls at 95, while the detectives' is 59. Furthermore, the low third of the lieutenants has a higher range of scores than the middle third of the detectives.

TABLE 3.—MEDIAN SCORES AND RANGE OF SCORES OF POLICE DIVISIONS

Rank or division	Median	Range of scores of each division		
		Low third	Middle third	High third
Captains	98 C+	50–75	76–104	105–154
Lieutenants	95 C+	36–81	82–108	109–165
Sergeants	99 C+	28–79	79–109	110–166
Vice squad	75 C=	23–61	64– 84	84–134
Detectives	59 C	23–50	51– 71	72–131
Training school	63 C	25–56	57– 74	77–138
Traffic	61 C	5–56	56– 74	75–137
Mounted	78 C+	22–59	60– 91	92–155
Emergency	67 C	19–64	65– 80	83–150
Patrolmen	67 C	6–52	53– 82	82–170

When compared with the results obtained from the recent draft army, there is, of course, a very small percentage (3.6 per cent.) of men in the police department who rate in the inferior grades of intelligence in which the lowest 25 per cent. of the men in the draft army were classified. The men of the police department group themselves closely about the average grade of intelligence, and the medians of the patrolmen are about identical with the medians of the draft army. With the exception of the officers, there is a smaller percentage of representatives in the police department in the superior grades of intelligence than were found in the draft army. The detectives have no representatives in the very superior grade of intelligence, a classification secured by 4.5 per cent. of the draft army, and only three individuals of the detectives have superior intelligence, as opposed to 9 per cent. of the draft. As a whole, however, the police department ranks somewhat higher than the majority of the men of the draft. This is evident in its somewhat larger percentage of representatives of high average intelligence.

Table 4 shows a distribution of intelligence ratings of patrolmen according to the date of entry into the police department. There is very little difference in the ratings of the first year groups, who entered between 1895–1919. There is a slight decrease with length of service, much of which may be attributed to the deterioration of increasing age. The table also shows that the men who entered during the present year, 1921, have a considerably higher percentage of men of superior intelligence. The war year, 1918, produced no men either of superior or of inferior intelligence. All of the entrants in that year rate in the average classes of intelligence.

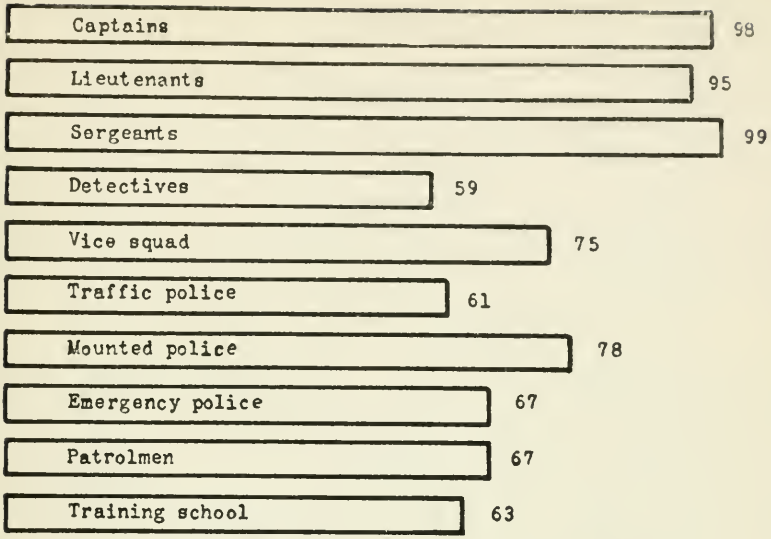

Diagram 2.—Median scores, Cleveland police department

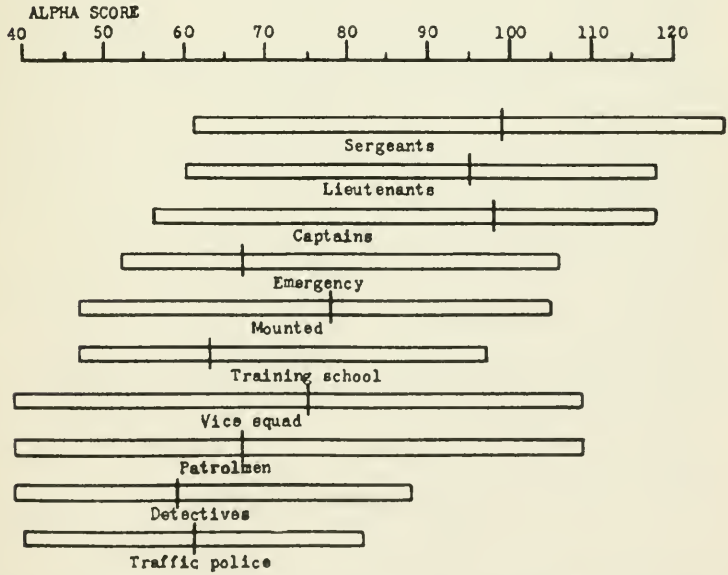

Diagram 3.—Range of scores between first and third quartiles of Cleveland police department. (The median scores are indicated by the cross lines.)

TABLE 4.—INTELLIGENCE DISTRIBUTION OF PATROLMEN BY DATE OF ENTRY INTO THE DEPARTMENT

Letter rating	Explanation	Entered 1921		Entered 1920		Entered 1918		Entered 1915–1919		Entered 1910–1914		Entered 1905–1909		Entered 1895–1904		Entire police dept.		Draft army
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	Per cent.
A	Very superior	6	7.4	3	3.3	..	..	8	3.1	2	1.9	1	1.4	..	..	37	3.8	4.5
B	Superior	16	14.8	11	12.2	..	..	22	8.4	8	7.7	4	5.9	3	5.3	127	13.0	9.0
C+	High average	21	25.9	27	30.0	9	27.3	90	34.5	30	28.9	17	25.0	11	19.3	279	28.5	16.5
C	Average	25	30.9	33	36.7	20	60.6	92	35.3	36	34.6	23	33.8	24	42.1	335	34.2	25.0
C−	Low average	12	14.8	13	14.5	4	12.1	39	15.0	23	22.1	19	28.0	15	26.3	165	16.9	20.0
D	Inferior	1	1.2	3	3.3	..	..	9	3.4	4	3.9	4	5.9	3	5.3	29	2.9	15.0
E	Very inferior	..	..	..	..	..	..	1	0.3	1	0.9	..	..	1	1.7	7	0.7	10.0
		81	100.0	90	100.0	33	100.0	261	100.0	104	100.0	68	100.0	57	100.0	979	100.0	100.0
A		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.
B	Superior	27.2		15.5		..		11.5		9.6		7.3		5.3		16.8		13.5
C+																		
C																		
C−	Average	71.6		81.2		100.0		84.8		85.6		86.8		87.7		79.6		61.5
D																		
E	Inferior	1.2		3.3		..		3.7		4.8		5.9		7.0		3.6		25.0

APPENDIX II

INTELLIGENCE SURVEY OF THE CLEVELAND WORKHOUSE

By E. K. Wickman
Psychologist, Division of the Criminologist, Illinois

AN INTELLIGENCE survey of the workhouse of Cleveland, Ohio, was made in connection with the survey of the Administration of Justice, to illustrate some of the results which may be obtained by mental studies. The population of this institution was about 450 men, of whom about one-fifth were examined by the use of the Army Alpha Intelligence Examination. This one-fifth was chosen by assembling the men in single file and selecting every fifth man in line for examination. To this group were added all of the men who were at the workhouse on federal charges, and also the group of men called "long termers." One hundred and twenty-six men were thus assembled for the examination; of these, 32 were illiterate and were unable to take the examination, inso-far as they claimed to be unable to read and write, and one other man was unable to take the examination because of poor vision.

Records were thus secured on 93 of the men, of whom 44 (47 per cent.) were native-born whites, 32 (34 per cent.) were negroes, and 13 (14 per cent.) were foreign born. Four men did not indicate birth or race.

The distribution of intelligence ratings as secured by the army Alpha examination is given in Table 5.

The literate native-born white group who took the examination fall mostly in the average grades of intelligence, but about 15 per cent. of them are inferior. The army statistics show about 14 per cent. inferior in this group of native-born whites. There are, however, only about 4 per cent. in the superior groups, as opposed to 15 per cent. in the army.

Of the negroes, 61 per cent. fall in the inferior groups of intelligence as opposed to 43 per cent. in the army.

The average rating for the white prisoners fall in the "C" or average group of intelligence, as it also did in the army, while the average for the negro prisoners falls in the "D" or inferior group, while the army average was "C−" or low average group.

TABLE 5.—DISTRIBUTION OF INTELLIGENCE RATINGS IN THE WORKHOUSE

	Native born white		Foreign born	All whites		Negroes		Race unknown	Total	
	No.	Per cent.	No.	No.	Per cent.	No.	Per cent.	No.	No.	Per cent.
A	..	..	..	..	..	..	..	..	..	..
B	2	4.5	1	3	5.3	..	..	..	3	3.2
C+	16	36.4	..	16	28.0	..	..	..	16	17.2
C	13	29.6	1	14	24.5	2	6.2	..	16	17.2
C−	6	13.6	3	9	15.8	7	21.9	..	16	17.2
D	2	4.5	4	6	10.5	9	28.1	..	15	16.2
E	5	11.4	4	9	15.8	14	43.8	4	27	29.0
Total	44	100.0	13	57	99.9	32	100.0	4	93	100.0

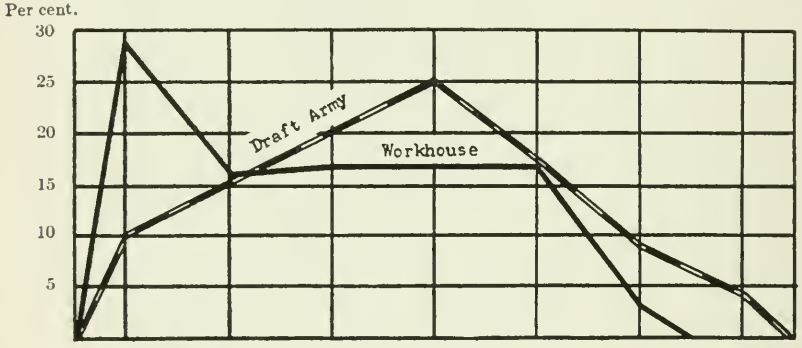

Diagram 4.—Comparison of intelligence distributions of Cleveland Workhouse and United States Draft Army

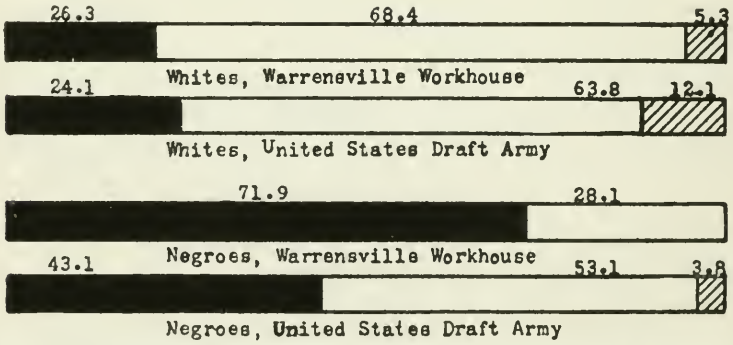

Diagram 5.—Comparison of intelligence ratings, Warrensville Workhouse with United States Draft Army

Diagram 4 shows the distribution of intelligence ratings of the Cleveland workhouse with the United States draft army. In Diagram 5 the same distribution is shown for whites and negroes separately.

These results would undoubtedly be lowered if ratings of the illiterate men were included, so that it may safely be said that the intelligence of these men at the Cleveland workhouse is somewhat below the draft army intelligence.

APPENDIX III

TEXT OF THE MASSACHUSETTS MEDICAL EXAMINER LAW

THE COMMONWEALTH OF MASSACHUSETTS

General Laws, Chapter 38

MEDICAL EXAMINERS

SECTION 1. The governor, with the advice and consent of the council, shall appoint for terms of seven years able and discreet men, learned in the science of medicine, as medical examiners in and for their respective counties, and as associate medical examiners in and for their respective districts in counties divided into districts, otherwise in and for their respective counties, in number as follows:

Two examiners and two associate examiners in Suffolk county, and one examiner and one associate examiner in Nantucket county and in each of the following districts:

Barnstable county, district one, comprising Harwich, Dennis, Yarmouth, Brewster, Chatham, Orleans and Eastham; district two, Barnstable, Bourne, Sandwich, Mashpee and Falmouth; and district three, Provincetown, Truro and Wellfleet.

Berkshire county, district one, comprising North Adams, Williamstown, Clarksburg, Adams, Florida, Savoy, New Ashford and Cheshire; district two, Pittsfield, Lanesborough, Windsor, Dalton, Hinsdale, Peru and Hancock; district three, Richmond, Lenox, Washington, Becket, Lee, Stockbridge, Tyringham and Otis; and district four, West Stockbridge, Alford, Great Barrington, Monterey, Sandisfield, New Marlborough, Sheffield, Egremont and Mount Washington.

Bristol county, district one, comprising Attleboro, North Attleborough, Seekonk, Norton, Mansfield and Rehoboth; district two, Taunton, Raynham, Easton, Berkley, and Dighton; district three, Fall River, Somerset, Swansea, Freetown and Westport; and district four, New Bedford, Dartmouth, Fairhaven and Acushnet.

Dukes county, district one, comprising Edgartown and Oak Bluffs; district two, Tisbury, West Tisbury and Gosnold; and district three, Chilmark and Gay Head.

Essex county, district one, comprising Gloucester and Rockport; district

two, Ipswich, Rowley, Hamilton and Essex; district three, Newburyport, Newbury, West Newbury, Amesbury and Salisbury; district four, Haverhill and Merrimac; district five, Lawrence, Methuen, Andover and North Andover; district six, Georgetown, Boxford, Topsfield and Groveland; district seven, Beverly, Wenham and Manchester; district eight, Peabody, Danvers, Middleton and Lynnfield; district nine, Lynn, Saugus, Nahant and Swampscott; and district ten, Salem and Marblehead.

Franklin county, the northern district, comprising Orange, Warwick, New Salem and Wendell; the eastern district, Bernardston, Erving, Gill, Greenfield, Leverett, Montague, Northfield, Shutesbury and Sunderland; and the western district, Ashfield, Buckland, Charlemont, Colrain, Conway, Deerfield, Hawley, Heath, Leyden, Monroe, Rowe, Shelburne and Whately.

Hampden county, district one, comprising Brimfield, Holland, Palmer, Monson and Wales; district two, Springfield, Agawam, East Longmeadow, Longmeadow, West Springfield, Wilbraham and Hampden; district three, Holyoke; district four, Blandford, Chester, Granville, Montgomery, Russell, Southwick, Tolland and Westfield; and district five, Chicopee and Ludlow.

Hampshire county, district one, comprising Northampton, Chesterfield, Cummington, Goshen, Hatfield, Plainfield and Williamsburg; district two, Easthampton, Huntington, Middlefield, Southampton, Westhampton and Worthington; district three, Amherst, Granby, Hadley, Pelham and South Hadley; and district four, Belchertown, Enfield, Greenwich, Prescott and Ware.

Middlesex county, district one, comprising Cambridge, Belmont and Arlington; district two, Malden, Somerville, Everett and Medford; district three, Melrose, Stoneham, Wakefield, Wilmington, Reading and North Reading; district four, Woburn, Winchester, Lexington and Burlington; district five, Lowell, Dracut, Tewksbury, Billerica, Chelmsford and Tyngsborough; district six, Concord, Carlisle, Bedford, Lincoln, Littleton, Acton and Boxborough; district seven, Newton, Waltham, Watertown and Weston; district eight, Framingham, Wayland, Natick, Sherborn, Holliston, Hopkinton and Ashland; district nine, Marlborough, Hudson, Maynard, Stow and Sudbury; district ten, Ayer, Groton, Westford, Dunstable, Pepperell, Shirley, Townsend and Ashby.

Norfolk county, district one, comprising Dedham, Needham, Wellesley, Westwood, Norwood and Dover; district two, Cohasset; district three, Quincy, Milton and Randolph; district four, Weymouth, Braintree and Holbrook; district five, Avon, Stoughton, Canton, Walpole and Sharon; district six, Franklin, Foxborough and Wrentham; district seven, Medway, Medfield, Millis, Norfolk and Bellingham; and district eight, Brookline.

Plymouth county, district one, comprising Brockton, West Bridgewater, East Bridgewater, Bridgewater and Whitman; district two, Abington, Rockland, Hanover, Hanson, Norwell and Pembroke; district three, Plymouth, Halifax, Kingston, Plympton and Duxbury; district four, Middleborough, Wareham, Mattapoisett, Carver, Rochester, Lakeville and Marion; and district five, Hingham, Hull, Scituate and Marshfield.

Worcester county, district one, comprising Athol, Dana, Petersham, Phillipston and Royalston; district two, Gardner, Templeton and Winchendon; district three, Fitchburg, Ashburnham, Leominster, Lunenburg, Princeton and Westminster; district four, Berlin, Bolton, Boylston, Clinton, Harvard, Lancaster and Sterling; district five, Grafton, Northborough, Southborough and Westborough; district six, Hopedale, Mendon, Milford and Upton; district seven, Blackstone, Douglas, Millville, Northbridge and Uxbridge; district eight, Charlton, Dudley, Oxford, Southbridge, Sturbridge and Webster; district nine, Brookfield, East Brookfield, North Brookfield, Spencer, Warren and West Brookfield; district ten, Barre, Hubbardston, Hardwick, New Braintree, Oakham and Rutland; and district eleven, Worcester, Auburn, Holden, Leicester, Millbury, Paxton, Shrewsbury, Sutton and West Boylston.

Section 2. The associate medical examiners for Suffolk county shall, at the request of either of its medical examiners, perform the duties and have the powers of medical examiners. Each medical examiner shall in each year be entitled to two months' service in the aggregate from the associates. Associate examiners in the other counties shall, in the absence of the medical examiners or in case of their inability to act, perform in their respective districts all the duties of medical examiners.

Section 3. Each examiner and associate examiner, before entering upon his duties, shall be sworn and give bond for the faithful performance thereof, in the sum of five thousand dollars, to the county treasurer, with sureties by him approved. Failure for three months after appointment to give such bond shall render his appointment void. A surety or his executors or administrators may be discharged from further liability thereon in the manner provided in section six of chapter thirty-seven.

Section 4. Upon breach of the condition of such bond to the injury of any person, the principal may be removed from office and action brought thereon in like manner as upon the bond of a sheriff.

Section 5. In Suffolk county each medical examiner shall receive from the county a salary of five thousand dollars, and each associate medical examiner a salary of eight hundred and thirty-three dollars; but if either associate serves in any year more than two months, he shall for such additional service be paid at the same rate, and the amount so paid shall be deducted from the salary of the medical examiner at whose request he so serves. The medical examiners for said county shall be provided with rooms suitably furnished for the performance of their duties, the rent, furnishing and office equipment of which shall be paid for by said county upon approval of the mayor of Boston. Each of said medical examiners may, in the name of the county, contract such bills for clerical service, postage, stationery, printing, telephone, traveling, and for such other incidental expenses as may in his opinion be necessary for the proper performance of his duty, to an amount not exceeding six thousand dollars in any one year; and each associate may so contract bills for the said purposes

to an amount not exceeding one thousand dollars in any one year; and all such bills shall be paid by said county, upon a certificate by the contracting examiner that they were necessarily incurred in the performance of his duty, and upon the approval of the auditor of Boston, as provided in section nineteen, and of the mayor. Medical examiners and associate medical examiners in other counties shall receive fees as follows: For a view without an autopsy, seven dollars; for a view and an autopsy, thirty dollars; and for travel, ten cents a mile to and from the place of view.

Section 6. Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; and if, on view thereof and personal inquiry into the cause and manner of death, he considers a further examination necessary, he shall, upon written authorization of the district attorney, mayor or selectmen of the district, city or town where the body lies, make an autopsy in the presence of two or more discreet persons, whose attendance he may compel by subpœna. Before making such autopsy he shall call the attention of the witnesses to the appearance and position of the body. He shall then and there carefully record every fact and circumstance tending to show the condition of the body and the cause and manner of death, with the names and addresses of said witnesses, which record he shall subscribe. If a medical examiner or an associate examiner considers it necessary to have a physician present as a witness at an autopsy, such physician shall receive a fee of five dollars. Other witnesses, except officers named in section fifty of chapter two hundred and sixty-two, shall be allowed two dollars each. A clerk may be employed to reduce to writing the results of a medical examination or autopsy, and shall receive two dollars a day.

The medical examiner may, if he considers it necessary, employ a chemist to aid in the examination of the body or of substances supposed to have caused or contributed to the death, and he shall receive such compensation as the examiner certifies to be just and reasonable.

Section 7. He shall forthwith file with the district attorney for his district a report of each autopsy and view and of his personal inquiries, with a certificate that, in his judgment, the manner and cause of death could not be ascertained by view and inquiry and that an autopsy was necessary. The district attorney, if he concurs, shall so certify to the commissioners of the county where the same was held, or in Suffolk county, to the auditor of Boston. If upon such view, personal inquiry or autopsy, the medical examiner is of opinion that the death may have been caused by the act or negligence of another, he shall at once notify the district attorney and a justice of a district court or trial justice within whose jurisdiction the body was found, if the place where found and the place of the said act or negligence are within the same county, or if the latter place is unknown; otherwise, the district attorney and such a justice

within whose district or jurisdiction the said act or negligence occurred. He shall also file with the district attorney thus notified, and with the justice or in his court, an attested copy of the record of the autopsy made as provided in the preceding section. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

Section 8. The court or trial justice shall thereupon hold an inquest, from which all persons not required by law to attend may be excluded. The district attorney, or any person designated by him, may attend the inquest and examine the witnesses, who may be kept separate, so that they cannot converse with each other until they have been examined. Within sixty days after any case of death by accident upon a railroad, electric railroad, street railway or railroad for private use an inquest shall be held, and the court or justice shall give seasonable notice of the time and place thereof to the department of public utilities. Within a like period after any case of death in which a motor vehicle is involved, an inquest shall be held, and the court or justice shall give seasonable notice of the time and place thereof to the department of public works. The attorney general or the district attorney may, notwithstanding the medical examiner's report that a death was not caused by the act or negligence of another, direct an inquest to be held, and likewise in case of death by any casualty.

Section 9. If it appears that the place where the supposed act or negligence occurred and the place where the body was found are both without the limits of the judicial district of the court or the jurisdiction of the trial justice notified by the medical examiner under section seven, the court or justice shall nevertheless proceed with the inquest and have continuous and exclusive jurisdiction thereof if either place is within the commonwealth and within fifty rods of the boundary line of such district or jurisdiction, unless a prior and like notice shall have been issued by a medical examiner in another county in accordance with said section.

Section 10. A district court about to hold an inquest may appoint an officer qualified to serve criminal process to investigate the case and to summon the witnesses, and may allow him additional compensation therefor, payable in like manner as the fees of officers in criminal cases.

Section 11. If a magistrate believes that an inquest to be held by him relates to the accidental death of a passenger or employee upon a railroad or electric railroad or a traveler upon a public or private way at a railroad crossing, or to an accidental death connected with the operation of a street railway or of a railroad for private use, he shall cause a verbatim report of the evidence to be made and sworn to by the person making it; and the report and the bill for services, after examination and written approval by the magistrate, shall be forwarded to the department of public utilities within thirty days after the date of the inquest, and, when made, a copy of the magistrate's report on the

inquest. The bill, when approved by said department, shall be forwarded to the state auditor and paid by the commonwealth, assessed on the person owning or operating such railroad or railway, and shall be collected in the same manner as taxes upon corporations. The magistrate may in his discretion refuse fees to witnesses in the employ of the person upon whose railroad or railway the accident occurred.

Section 12. The magistrate shall report in writing when, where and by what means the person met his death, his name, if known, and all material circumstances attending his death, and the name, if known, of any person whose unlawful act or negligence appears to have contributed thereto. He shall file his report in the superior court for the county where the inquest is held.

Section 13. If a person charged by the report with the commission of a crime is at large, the magistrate shall forthwith issue process for his arrest, returnable before any court or magistrate having jurisdiction. If he finds that murder, manslaughter or an assault has been committed, he may bind over, for appearance in said court, as in criminal cases, such witnesses as he considers necessary, or as the district attorney may designate.

Section 14. No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the medical examiner, has first been obtained.

Section 15. After an autopsy or a view or examination without an autopsy, the medical examiner shall deliver the body, upon application, to the husband or wife, to the next of kin, or to any friend of the deceased, who shall have priority in the order named. If the body is unidentified or unclaimed for forty-eight hours after the view thereof, the medical examiner shall deliver it to the overseers of the poor of the town where found, who shall bury it in accordance with section seventeen of chapter one hundred and seventeen.

Section 16. Medical examiners and associate examiners within their respective districts shall, on application and payment or tender of seven dollars, view the body and make personal inquiry concerning the death of any person whose body is intended for cremation, and shall authorize such cremation only when of opinion that no further examination or judicial inquiry concerning such death is necessary.

Section 17. The medical examiner may allow reasonable compensation, payable by the county in the manner provided in section nineteen, for services rendered in bringing to land a human body found in any of the harbors, rivers or waters of the commonwealth, but this provision shall not entitle any person to compensation for services rendered in searching for a dead body.

Section 18. The medical examiner shall take charge of any money or other personal property of the deceased found on or near the body, and deliver it to the person entitled to its custody or possession, or, if not claimed within

sixty days, to a public administrator. For fraudulent neglect or refusal so to deliver such property within three days after demand, a medical examiner or an associate medical examiner shall be punished by a fine of not more than five hundred dollars or by imprisonment for not more than two years.

Section 19. Every medical examiner shall return an account of the expenses of each view or autopsy, including his fees, to the commissioners of the county where held, or in Suffolk county to the auditor of Boston, and shall annex to his return the written authorization of the autopsy. The commissioners or auditor shall audit the same, and certify to the county treasurer what items therein are just and reasonable, and he shall pay the same to the person entitled thereto. No auditing officer shall certify any fee for an autopsy until he has received from the district attorney the certificate required by section seven.

Section 20. Every medical examiner and associate examiner shall annually, on or before March first, transmit to the state secretary certified copies of the records of all deaths by him investigated during the preceding year, and within sixty days after the expiration of his term shall make like returns for so much of the year as he held office. For a refusal or neglect so to do, he shall forfeit not less than ten nor more than fifty dollars.

Section 21. Each medical examiner and associate examiner, including those in Suffolk county, shall receive from the commonwealth twenty cents for each of the first twenty deaths recorded and returned by him in any year, as provided in the preceding section, and ten cents for each additional death so recorded and returned, as certified by the state secretary.

Section 22. The state secretary shall, at the expense of the commonwealth, prepare and furnish to the medical examiners blank record books and blank forms for returns, and shall cause the returns for each year to be bound together in one volume with indexes; and shall prepare therefrom such tables as will render them of utility, and shall make annual report thereof to the general court in connection with the report required by section twenty-one of chapter forty-six.

APPENDIX IV

TEXT OF THE NEW YORK MEDICAL EXAMINER LAW

Laws of New York, 1915

Chap. 284

AN ACT to amend the Greater New York Charter, and repeal certain sections thereof and of chapter four hundred and ten of the Laws of eighteen hundred and eighty-two, in relation to the abolition of the office of Coroner and the establishment of the office of the chief medical examiner.

Became a law April 14, 1915, with the approval of the Governor. Passes, three-fifths being present.

Accepted by the City

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The office of coroner in the City of New York shall be abolished on January first, nineteen hundred and eighteen, and after this section takes effect, a vacancy occurring in such an office in any borough shall not be filled unless by reason of the occurrence thereof, there shall be no coroner in office in such borough, in which case the vacancy in such borough last occurring shall be filled for a term to expire on January first, nineteen hundred and eighteen. If, by reason of the provisions of this section, the number of coroners in a borough be reduced, the remaining coroner or coroners in such borough shall have the powers and perform the duties conferred or imposed by law on the board of coroners in such borough.

2. Title four of chapter twenty-three, sections fifteen hundred and seventy and fifteen hundred and seventy-one of the Greater New York charter, as re-enacted by chapter four hundred and sixty-six of the laws of nineteen hundred and one is hereby repealed, and in its place is inserted a new title to be numbered four and to read as follows:

Title IV

Chief Medical Examiner

Section 1570. Organization of office; officers and employees.
1571. Violent and suspicious deaths; procedure.
1571a. Autopsies; findings.
1571b. Report of deaths; removal of body.
1571c. Records.
1571d. Oaths and affidavits.

Organization of Office; Officers and Employees

1570. There is hereby established the office of Chief Medical Examiner of the City of New York. The head of the office shall be called the "chief medical examiner." He shall be appointed by the mayor from the classified service and be a doctor of medicine, and a skilled pathologist and microscopist.

The mayor may remove such officer upon stating in writing his reasons therefor, to be filed in the office of the municipal civil service commission and served upon such officer, and allowing him an opportunity of making a public explanation. The chief medical examiner may appoint and remove such deputies, assistant medical examiners, scientific experts, officers and employees as may be provided for pursuant to law. Such deputy medical examiners and assistant medical examiners, as may be appointed, shall possess qualifications similar to those required in the appointment of the chief medical examiner. The office shall be kept open every day in the year, including Sundays and holidays, with a clerk in constant attendance at all times during the day and night.

Violent and Suspicious Deaths; Procedure

1571. When, in the city of New York, any person shall die from criminal violence, or by a casualty, or by suicide, or suddenly when in apparent health, or when unattended by a physician, or in prison, or in any suspicious or unusual manner, the officer in charge of the station house in the police precinct in which such person died shall immediately notify the office of the chief medical examiner of the known facts, concerning the time, place, manner and circumstances of such death. Immediately upon receipt of such notification the chief medical examiner, or a deputy or assistant medical examiner, shall go to the dead body, and take charge of the same. Such examiner shall fully investigate the essential facts concerning the circumstances of the death, taking the names and address of as many witnesses thereto as it may be practical to obtain, and before leaving the premises, shall reduce all such facts to writing and file the same in his office. The police officer so detailed, shall, in the absence of the next of kin of deceased person, take possession of all property of value found on such person, make an exact inventory thereof on his report, and deliver such property to the police department, which shall surrender the same to the person entitled to its custody or possession. Such examiner shall take possession of any portable objects, which, in his opinion, may be useful in establishing the cause of death, and deliver them to the police department.

Nothing in this section contained shall effect the powers and duties of a public administrator as now provided by law.

Autopsies; Findings

1571a. If the cause of such death shall be established beyond a reasonable doubt, the medical examiner in charge shall so report to his office. If, however, in the opinion of such medical examiner, an autopsy is necessary, the same shall

be performed by a medical examiner. A detailed description of the findings written during the progress of such autopsy and the conclusions drawn therefrom shall thereupon be filed in his office.

Report of Deaths; Removal of Body

1571b. It shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner and the police officer, who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who, without written order from a medical examiner, shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor.

Records

1571c. It shall be the duty of the office of medical examiner to keep full and complete records. Such records shall be kept in the office, properly indexed, stating the name, if known, of every such person, the place where the body was found, the date of death. The record of each case shall be attached to the original report of the medical examiner and the detailed findings of the autopsy, if any. The office shall promptly deliver to the appropriate district attorney copies of all records relating to every death as to which there is, in the judgment of the medical examiner in charge, any indication of criminality. All other records shall be open to public inspection as provided in section fifteen hundred and forty-five. The appropriate district attorney and the police commissioner of the city may require, from such officer, such further records and such daily information as they may deem necessary.

Oaths and Affidavits

1571d. The chief medical examiner and all deputy or assistant medical examiners may administer oaths and take affidavits, proofs and examinations as to any matter within the jurisdiction of the office.

3. Section eleven hundred and seventy-nine of such charter is hereby amended to read as follows:

Bureaus

1179. There shall be two bureaus in the department of health. The chief officer of one bureau shall be called the sanitary superintendent, who at the time of his appointment shall have been, for at least ten years, a practicing physician, and for three years a resident of the City of New York, and he shall be the chief executive officer of said department. The chief officer of the second bureau shall be called the registrar of records, and in said bureau shall be re-

corded, without fees, every birth, marriage and death, which shall occur in the City of New York.

4. Section twelve hundred and three of such charter is hereby amended to read as follows:

Chief Medical Examiner's Returns

1203. The department of health, may, from time to time, make rules and regulations fixing the time of rendering, and defining the form of returns and reports to be made to said department by the office of the chief medical examiner of the city of New York, in all cases of death which shall be investigated by it, and the office of the chief medical examiner is hereby required to conform to such rules and regulations.

5. Section twelve hundred and thirty-eight of such charter is hereby amended to read as follows:

Deaths to be Reported

1238. It shall be the duty of the next of kin of any person deceased, and of each person being with such deceased person at his or her death, to file report in writing, with the department of health, within five days after such death, stating the age, color, nativity, last occupation and cause of death of such deceased person, and the borough and street the place of such person's death and last residence. Physicians who have attended deceased persons in their last illness shall, in the certificate of the deceased of such persons, specify, as near as the same can be ascertained, the name and surname, age, occupation, term of residence in said city, place of nativity, condition of life whether single or married, widow or widower, colored, last place of residence and the cause of death of such deceased persons, and the medical examiners of the city shall, in their certificates, conform to the requirements of this section.

6. Such charter is hereby amended by inserting therein a new section to be numbered fifteen hundred and eighty-five, and to read as follows:

County Clerks to Exercise Certain Statutory Powers and Duties of Coroners

1585a. In the city of New York the powers imposed and the duties conferred upon coroners by the provisions of the title three of chapter two of the code of civil procedure shall be exercised and performed by the county clerk of the appropriate county, and said county clerk shall, in the exercise and performance thereof, be subject to the same liabilities and responsibilities as are prescribed in such title in the case of coroners.

7. Sections seventeen hundred and sixty-six to seventeen hundred and seventy-nine, both inclusive, of chapter four hundred and ten of the laws of eighteen hundred and eighty-two, entitled "An Act to consolidate into one act and to declare the special and local laws affecting public interests in the city of New York," and all acts amending such sections are hereby repealed.

8. The officers and the employees now exercising the powers and duties which by this act are abolished, or are conferred or imposed upon the office of chief medical examiner including coroner's physicians, shall be transferred to the office of chief medical examiner. Service in the office, board or body from which transferred shall count for all purposes as service in the office of the chief medical examiner.

9. All funds, property, records, books, papers and documents within the jurisdiction or control of any such coroner or such board of coroners, shall, on demand, be transferred and delivered to the office of the chief medical examiner. The board of estimate and apportionment shall transfer to the office of the chief medical examiner all unexpended appropriations made by the city to enable any coroner, or board of coroners, to exercise any of the powers and duties which by this act are abolished or are conferred or imposed upon such office of chief medical examiner.

10. Section one of this act shall take effect immediately. The remainder of the act shall take effect January first, nineteen hundred and eighteen.

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